'STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	8	L. In
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN	Ľ
CEDTIFICATE OF DEATH		

	1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 2				
		CEASED NAME FIRS AN	NA MIDDLE A		ASADAMOVICS		DAY YEAR 25 HOUR				
		ANNA	A	AdA	movics		2 85 1:30Am				
d	3 SEX	×	4. RACE	5 DATE C			IF UNDER I YEAR IF UNDER 24 HRS				
	2	remale	caucasian	2	07 00	85 YRS					
9		TOURITRYS	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH				
	200	TVIA	CANADA	WIDOWE	DIVORCED [Montgomery	MD.				
8	5	ilver Spnna	11. NAME OF HOSPITAL, NUR JENOT INSUCHE CHITY, GIVE ST COLY COS	S ADDRESS	or other institution	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b KIND OF BUSINESS OR INDUSTRY OWN HOME				
1	MA F		OTHER INSTITUTION, GIVE RESIDENCE BE TY COMERY SILVER	SPRING	YES NOTE NOTES	1501 LADD STREET	20902				
1) FA	VALDEMARS	MERC	5	OLGA	MIDDLE MIDDLE	ZUNTNS				
P		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDRESS					
		NO	NONE		INTA A. RUTII	NS, DAUGHTER, SAME	AS ITEM #13				
		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY.									
		IMMEDIATI		001							
		Conditions, if ony, which	2845								
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF	11						
		underlying couse lost.	(c)	GOLINCE OF							
V	N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVE	EN IMPART 110				
3	ATIC	190 DATE OF OPERATION	19b CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED				
1	CERTIFICATION				THE TEM OWNED	IN CERTIFY	ING CAUSES OF DEATH?				
	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO YES					
,		OR CONTRIBUTING CAUSE OF DEA	1111	DAY YEAR	-3 -3 OF 18						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION						
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFE	ICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE				
		220.1 certify that (I) (this hospit	ol) attended the deceased fro		11 19_85	_, to 4/17	9_85_, that (1) (we) lost				
4	15	sow the deceased alive on above, (1) (we) (did) I did not	view the body after death	9 <u>\$5</u> , on	d that in (my) (our) opinion d	eoth occurred on the date and hour	and from the causes stated				
		226 SIGNATUR	· × 11	0 - 1	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED				
Ļ		22d PHYSICIAN'S NAME (TYPE OF	f- / de	wan 1	PHYSICIAN PHYSICIAN		1 4/12/83				
		HECTOR K.	(OLLISON 1	MD.	1111 5/61	NL ST. SILV	EK SPRING MG				
	23a B	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	C-DUNIY STATE				
		CREMATION	14/14/85		ITAN CREMATOR	,					
	_	NERAL DIRECTOR RICHA	RD RAPP, INC.		25a DATE	RECD. BY REGISTRANDS REGISTE	ASSISTENATING and all				
			"TOUTHGION, D.	. ZUUU	9	-04000	- M				

DHMH - 16 60M 7/84 (VRA 15, 4)

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Second Secure State 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Gaetano Amante April 9.1985 4:18 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Ma1e Caucasian 1896 March TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United Stateswipower Montgomery County, Italy IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Bethesda 7920 Old Georgetown Road Barber Shop Barber 20814 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Montgomery Bethesda 7920 Old Georgetown Road 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Providenza Giovanni Amante Gregorio 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 5601 Johnson Avenue LIEVES GIVE WAR OR DATEST 577-05-7648 Mary A. King Bethesda, MD 20817 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INFARCY IMMEDIATE CAUSE (a) DRITTER 10 SCUEROSIS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL PM (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (didL(did not view the body after deat) DEGREE 22c DATE SIGNED ATTENDING MEDICAL Apr. 9.1985 PHYSICIAN X MRECTOR PHYSICIAN 224 PHYSICIANS NAME (TYPE OF PRINT) Leo Donovan, M.D. 8218 Wisconsin Ave. Bethesda, Md.

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

d b

Gate of Heaven ROBERT A. PUMPHREY FUNERAL HOMES, P.A., BETHESDA, MARYLAND

230 BURIAL, CREMATION, REMOVAL 236 DATE

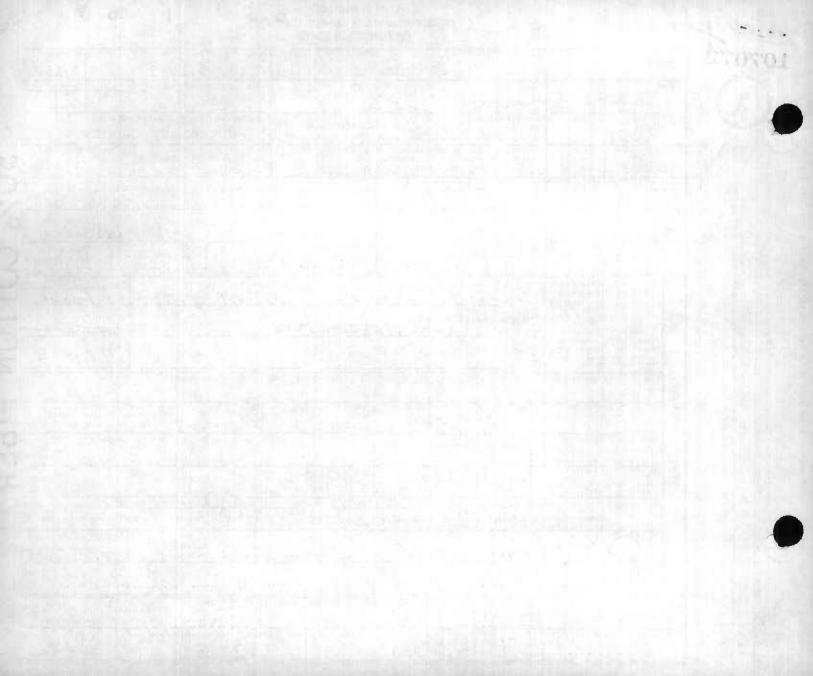
Entombment

CITY OF TOWN

Silver Spring.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE - Suranon-Trands 92

Maryland



(TYPE OR PRINT) HELEN 4. RACE

7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ESTATE OR FOREIGN

13b COUNTY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MONTGOMERY

HEYES GIVE WAR OR DATES!

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

TAKOMA PARK

MARRIED NEVER MARRIED WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

134 INSIDE CITY LIMITS?

NOF

IS MOTHER'S MAIDEN NAME

SIRST

ANNA

MONTGOMERY CO. 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) RET - CLERK

13e.STREET ADDRESS / ZIP CODE

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH

CARROLL AVE.

17h KIND OF BUSINESS OR INDUSTRY FED. GOV'T.

20910

Md. 4 FATHER'S NAME FIRST GEORGE

LYES NO OR UNKNOWN

NEW

TAKOMA

NO

CERTIFICATION

00

MPORTANT:

YORK

I CITY OR TOWN OF DEATH

STATE

REGISTRAR 1. DECEASED NAME

MIDDLE J. ANDERSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO 17 INFORMANT RAE A.

YES X

WASHINGTON ADVENTIST HOSP'T.

ADDRESS

7525

UNKNOWN 2500 VIRGINIA AVE NW. WASH. D. C

1451

MINULE

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Conditions, if ony, which

respiratory grest DUE TO, OR AS A CONSEQUENCE OF congestive

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

haart failure and preumonia

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

gove rise to immediate couse (a), stating underlying couse

19n DATE OF OPERATION

216 INJURY OCCURRED

LIF EITHER NOTIFY MEDIC ALEXAMINER

NOT WHILE

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 19

AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

21e. PLACE OF INJURY

NO YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

211 LOCATION

200 AUTOPSY?

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR LOWN

270 1 certify that (1) (this hospital) attended the deceased from

above. (1) (we) (did (did not) view the body after death

MO

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR | PHYSICIAN

Deburah B Gold berg

STREET

Spring St, Silver Spring Md

230. BURIAL, CREMATION, REMOVAL CREMATION

4-22-1985

23c. NAME OF CEMETERY OR CREMATORY CHAMBERS CREMATORY

RIVERDALE.

P.G.C.

STATE

24 FUNERAL DIRECTOR (VRA 15, 4)

W. CHAMBERS CO. INC.

SILVER SPRING. Md.

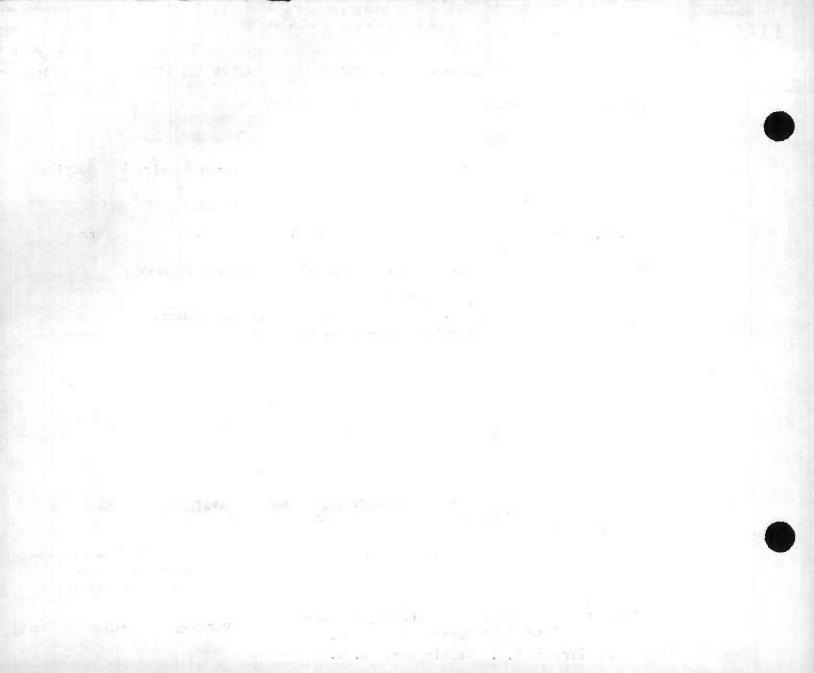
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B3

old b

DIVISION OF VITAL RECORDS

THE COURSE WAS EXPENSE OF A STATE The state of the s e e e



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Torri Gr			mild you in		
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	35				

Burial 4/3/1985 Clarksburg Meth. Clarksburg, Md. Olin L. Colesvorta, P.A., Dambscus, Md. APR GA Co.

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RECEIVED			EZHUE		

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106096		CEASED NAME PRIST	W. Al	RENTSO		ST	2a. DA	TE OF DEATH MONTH	-2-85	26. HOUR 1133 PM
5	3. SE		4. RACE	asian	5. DATE O	DAY Y	6. AGE	(IN YEARS LAST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
to other part of the poor	7e. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	12	□ NEVER MARRI	ED 9 BALT	Montgomer	NTY OF DEATH	MD
ofter de		exas TY OR TOWN OF DEATH BKOMA Park	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTE	ON IZa. US	UAL OCCUPATION F WORK FOR MOST OF WORKIN SCHULCE	G LIFE) 126 KIND OF	BUSINESS OR
AND 2120	USU	AL RESIDENCE (IF NURSING HONITATE 136 C	AE OR OTHER INSTITUTION OUNTY	13c. CITY OP TOVA	E ADMISSION)	136. INSIDE CITY LIV	MITS? 130.STR	EET ADDRESS / ZIP CO	ODE	
E, MARYLA cuted within completely s 1 and 2 sh		THER'S NAME FIRST James	WIDDLE	Arentso	n	15. MOTHER'S MAIL FIRST Emil		WIDDLE	LAST	
ficote be executioned comparts. Pages 1 pages			ARMED FORCES? S, GIVE WAR OR DATES)	577-01-4		David A.	Son Arentso		e.1, Box	256A 22712 MATE INTERVAL INSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of a cartificate has been signed by the attending physician and completely filled in both the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in the ond Mental Bygiene prior to burial, cremotion, or removal. Our death of them 18 shows any injury, or ather traumatic event, the medical returns the permit of the permit o	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause loss	(b)_ DUE TO, (c)_	DR AS A CONSEQUED CONTRIBUTING TO	EMPL ENCE OF	A H	Mot Weas HE TERMINAL DI	hermia 80	GIVEN IN PART 100	
The law re- cton. The has been sist permit. I gene prior	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATION		YES	□ NO NO IN CE	YES, WERE FINDIN RTIFYING CAUSES YES	
DING PHYSICIAN TO OF OTTAL	MEDICAL CE	210. ACCIDENT WAS UNDERLYTHOOR CONTRIBUTING CAUSE OF CAUS	PEDEATH HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY IREET, FACTORY, OFFICE,	19	211 LOCATION STREET	OCCURRED (FA	CITY OR TOWN	COUNTY	STATE
OSPITAL OR ATTEND ed by the hospiral of UNERAL DIRECTOR: A the Stote Dept. of Heol RTANT: If them 21 is m		220. I certify that (I) (this I saw the deceased alivabove, (I) (we) (did) (di	e on 4 -	2 - 19		DEGREE ATTEN PHYSI 22e ADDRESS	apinion death or	ccurred on the date and		
	23a.	BURIAL, CREMATION, REMO				EMETERY OR CREM		LOCATION CITY OR TOWN	COUNTY	STATE
BP DHMH - 16 50M 4/83 (VRA 15, 4)	24. F 50	Burial UNERAL DIRECTOR Fran NAME University	cis J. Co	1985 Po Ollins DDRESS Silver			750. DATE REC'D	BY REGISTRAR 256. REC	Mont. GISTRAR'S SIGNATI	

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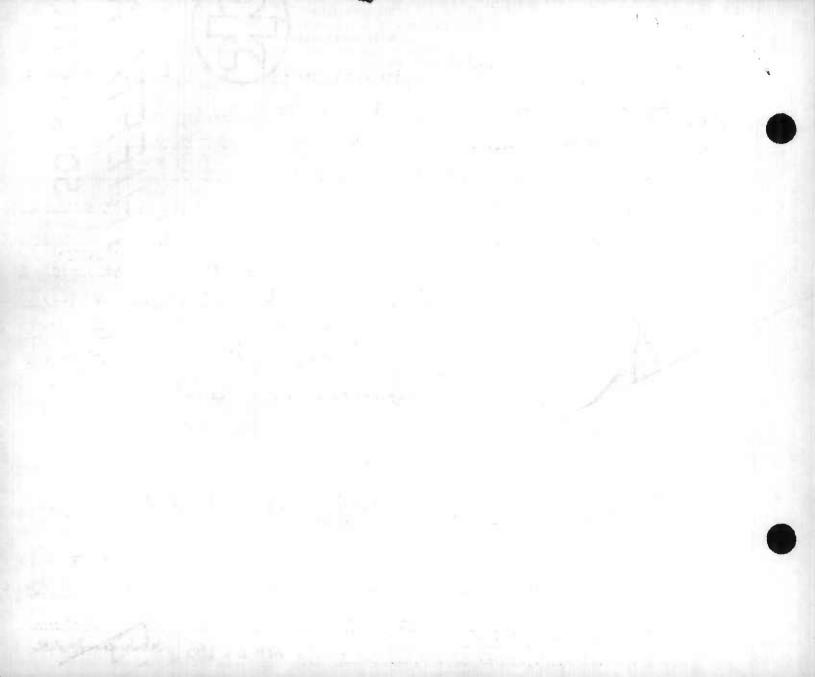
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	,	FOR		DEPARTM	ENT OF HEALTH AN	ID MENTAL HYGI	ÈNE	1 /	0 9	
120024		STATE REGISTRAR			CERTIFICATE O		REG.		10	
		CEASED NAME FIRST OR PRINT)	KÂ	THERINE	LAST		2a. DATE OF DEATH	MONTH DA	-	26 HOUR
noy be page 3		Naom	1		Nimst	10N9		4-2	UNDER I YEAR	12:42 AM
4	3 SE	EMALE	WHITE		5. DATE OF BIRTH MONTH DATE		6 AGE (IN YEARS LAST E		NTHS DAYS	HOURS MIN.
900 A 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	7 3	0 98	9 BALTIMORE CITY	YRS.	EDEATH	
deoth. R	2	COUNTRY)		HAT COUNTRY:	MARRIED NEVI				DEATH	
		TY OR TOWN OF DEATH			WIDOWED X	DIVORCED NSTITUTION	MONTGO!	TION		BUSINESS OR
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o ce o	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 13b, COL	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE A	ADMISSION)		13e STREET ADDRESS			
hin 24 h should b should b						Y NO [די מטטו	REET 2090
E 20 45		ATHER'S NAME	MIDDLE	LAST		ER'S MAIDEN NAM	NE MIDDLE		LAST	
	1	ARTHUR	W.	NAVLO		KATHERI	NF	М		CHNORR
y y y y		VAS DECEASED EVER IN U.S. A	RMED FORCES? 1	166 SOCIAL SECUR	RITY NO. 17 INFOR	MANT	ADD	RESS	DAUGHT	ER
P. P. Be		NO		185-12-		OSEPHINE	M. GALLAGI	HER S	SAME AS	
rtificate g physici an poper emaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per li SED BY:	ne for (0), (b) 291d	ICUI	e 1	an Ketit	ic/	BETWEEN O	NSET AND DEATH
ng pl bang rem			ATE CAUSE (0)	T)	مراه رود	100	an regal	1 Come	140	251
death certificate attending physici ove carban poperition, or remaval.		Conditions, if ony, which	DUE TO, OR	AS A CONSEQUE	NCE OF	m-Ke			1.51	reex
he atter emave e mation,		gove rise to immediate couse (o), stating the	DUE TO OR	AS A CONSEQUE	ICE OF O	n-A 1	0011			
into the death ce d by the attending lease remove carb iol, cremation, or ro		underlying couse lost.	(c)	AS A CONSEQUE	1/04	My 14	celling		3	leads
o de	.,	PART 2. OTHER SIGNIFICANT	CONDITIONS COI	NTRIBUTING TO D	EATH BUT NOT RELA	TED TO THE TERMI	NAL DISEASE OR CO	NDITION GIVEN	N IN PART 110	
P	ě				rangres	u les	A Nava	<i>y</i>		
> 0 = 0 0	CERTIFICATION	190 DATE OF OPERATION	196 CONDII	ION FOR WHICH	OPERATION WAS PEI	REORMED	200 AUTOPSY?	TN CERTIFYI	WERE FINDING NG CAUSES	OF DEATH?
sicion.	ERTI	710. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY	71c HOV	V INJURY OCCURRI	YES NO ED (ENTER NATURE OF IN	YES HURY IN ITEM 18 PAR		NO 🗌
PHYSICIAN: The lo ending physician. this certificate hos the burial-transit perrad Mental Hygiene plant and Mental Hygiene plant lem 18 shows and an Item 18 shows		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M	. MONTH DA	Y YEAR					
HYSK Inding or fre	MEDICAL	21d INJURY OCCURRED	21e. PLACE O	FINJURY	21f LOC	ATION	CITY OR	TOWN.	COUNTY	STATE
otten ter th s the rked o	Ž	WHILE NOT WHILE THE AT WORK	(AT HOME, STREE	ET FACTORY, OFFICE, FA	RM ETC)	KEET	CIITOR	1 4	P	STATE
LOIN Consession		27a I certify that (I) this has	pital) attended the	deceased from_	Myn	19	_, to	Jan 15	1	hay (I) (We) fost
Spiro CTO For of H		sow the decessed alive (obove (ly (we) (did) (did)	int few the body of	fer death.	, and that in (my (our) opinion d	eath occurred on the	date and hour o	and from the c	ouses stoted
OR ATT DIRECTO oched fo Dept. of		27h. SIGNATURE	2	0	DEGREE	ATTENDING	MEDICAL ST	AFF	22t. DATE S	IGNED
SPITAL A by the NERAL De Grote Store TANT: H		776. PHYSICIADAS NAME (TYPE	000000000000000000000000000000000000000	_	220 ADD	PHYSICIAN		ICIAN 🗌	1218	mills
HOSPITAL ined by th FUNERAL void be dete th the Store		THE PHYSICIAN'S NAME (14)	a. I	1 6	14.	12. 10.	-11	1, 4	PI	redound
TO HOSPITAL TO FUNERAL Should be dette	22-	BUBIAL CREMATION RELIGION	1 123 141	6041	AME OF CENTERS	U) I'UU	1234 LOCATION	hin /	4 1)	The state of
BP	230.	BURIAL, CREMATION, REMOVA	11-01-77-79-88		AME OF CEMETERY		CITY OR TOWN		COUNTY	STATE
	24 F	CREMATION UNERAL DIRECT PRANCIS	J. COLLI	MC	TROPOLITAN	CREMATOR 250 DATE	REC'D. BY REGISTRA	ANDRIA	R'S SIGNATI	RGINIA_
DHMH - 16 50M 4/83		NAME FRAIVUIS	J. CULLI	VS ADDRESS		I A DI	D 0 4 400E	198 BA	Latin Sandani	tenda III.

500 UNIV BLVD. W. SILVER SPRING MD. 20901



0	Ki	FOR STATE			DEPAR	TMENT OF H	EALTH AND MENTAL TY	rGIENE		778)
6		REGISTRAR CEASED NAME	FIRST		WIDDLE		ICATE OF DEATH	2a DAT	REG. NO.	DAY YEAR	26 HOUR
101070	(TYP	OR PRINT)			1	ATV	INSON			t	9:45 AM
2) how deep	3. SE		RUTH	4 RACE	L.	5. DATE C	F BIRTH		PRIL 2. 198 (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
dor.	F	EMALE		CAUCAS	TAN	OCT	11.1912 YEAR		72 YRS	MONTHS DAYS	HOURS MIN,
2 91 6 4	7a B	IRTHPLACE (STATE ORFI	OREIGN		WHAT COUNTRY	(2 8	NEVER MARRIED	9 BALT	MORE CITY OR COUN		
	K	ANSAS		U.S.A		WIDOWE	DIXX DIVORCED	M	ONTGOMERY		MD.
(C)	10 C	ITY OR TOWN OF DEA	TH	JIF NOT IN SU	CH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	ETYPE OF	JAL OCCUPATION WORK FOR MOST OF WORKING		OF BUSINESS OR
e Rai		HEATON AL RESIDENCE (IF NURSI	NC HOME OF		PH HILLS		NG HOME	Su	PERVISOR	C &	P TELEPHO
AND 21	13a	ARYLAND	13b. COUN	GOMERY	SILVER	WN	13d INSIDE CITY LIMITS? YES X NO		EET ADDRESS / ZIP CO 2110 DEX		NUE 20902
ARY TO THE PARTY	1	ATHER'S NAME FIRST		MIDDLE	LAST	11/	FIRST	IAME	MIDDLE	L/	AST
¥ 8-/44	160	JOHN WAS DECEASED EVER	IN U.S. AR	C. MED FORCES?	FRAN		MINNIE 17 INFORMANT EDT	END	UNKNOWN ADDRESS		
MOR Sund		YES, NO OR UNKNOWN)		E WAR OR DATES)	509-03		IVI		2714 DEXTER	AUF S	TIVER SP
ION ST., BAL bith certificate ending phyretechology or removal matic even the			AS CAUSE IMMEDIA	D BY. TE CAUSE (a)	CARD.	UENCE OF	MONTHLY A	RPE	MD.	20902	DXIMATE INTERVAL NONSET AND DEATH
irres that the de gaed by the att or please remove burial, cremation	7	Canditians, il any, gave rise to imm couse (o), statini underlying cause PART 2 OTHER SIGN	ediate g the last	(c)	OR AS A CONSECUTIVE TO	UENCE OF	NOT RELATED TO THE TER	RMINALDIS	EASE OR CONDITION C	GIVEN IN PART 1	lio
AL RECORDS The law required to the law required to the law required to the law required to the law representation to the l	CERTIFICATION	190 DATE OF OPERAT	X				N WAS PERFORMED	YES	□ NO NO IN CER	YES, WERE FIND TIFYING CAUSE YES	S OF DEATH?
DF VITA The physicic		OR CONTRIBUTING	AUSE OF DE	HOUR A	.M. MONTH		21c. HOW INJURY OCCU	JRRED (ENT	ER NATURE OF INJURY IN ITEM 1.	8 PART OR PART ?)	
DIVISION OF VITAL NG PHYSICIAN: The attending physician ther this certificate has sinhe burial-transit pth and Mental Hygiet arked or	MEDICAL	(# EITHER NOTHY MEDIC 21d. INJURY OCCURR	ED	21e PLACE	OF INJURY IREET, FACTORY, OFFIC	E FARM ETC)	211 LOCATION STREET		CITY OR FOWN	COUNTY	STATE
TTENDING ptal or of the offer use as of Health 21 is mark		220.1 certify the (1) saw the decease abave, (1) (2)	his hosp		19	0	nd that in my (our) opinion	, to_	April 2		, that (1) (we) last
TAI OR A y the hos RAI DIREC detached tote Dept		226. S CNATURE	n <	Shen	. Q	M	DEGREE ATTENDING PHYSICIAN	MEDIN	CAL STAFF TOR PHYSICIAN	122 DAJ	E SIGNED
O HOSPITA etained by TO FUNERA should be di with the Sta		MART	N	c . s	HARGE		106	ins ca		D-208	P95
F		BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY		OCATION CITY OR TOWN	CENTRUCT	T KANGA
BP		BURTAL UNERAL DIRECTOFR	ANCTO	4/6/8		IEMUK I A	L PARK CEMET		TOPEKA BY REGISTRAR 256 REG	SHAWNE	
DHMH - 16 50M 4/83 (VRA 15, 4)	1	500 UNIV.	BLVD.	.W. SIL	VER SPR	NG. MD.		PR	3 1985	J. N. AK 3 310 IV	1 in case

STATE OF MARYIAND DEPART

MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	EIENE	REG.	70.	1	1	
LAST	20. DATE O	OF DEATH	MONTH	4	DAY	ΥE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
I. DECEASED NAME FIRS	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
(TYPE OR PRINT)	cinda T	Azzara	April 22	, 1985 5A		
l. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
Female	White	Feb. 11, 191	6 69	MONTHS DAYS HOURS MIN.		
BIRTHPLACE (STATE OR FOREIG		COLINITOVA 8	A RAITIMORE CITY OR COL	INTY OF DEATH		
COUNTRY)		MARRIED NEVER MARRIED				
West Virgini		WIDOWED DIVORCED AL, NURSING HOME OR OTHER INSTITUTION	Montgome:	TY M		
	(1F NOT IN SUCH FACILITY	, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY		
S.S.		ew Hampshire Ave.	Homemaker			
SUAL RESIDENCE (IF NURSING HO 30. STATE 136.		DENCE BEFORE ADMISSION) 'Y OR TOWN 113d. INSIDE CITY LIMITS	? 13e.STREET ADDRESS / ZIP	20904		
Md.	Mont.	S.S. YES X NO	14000 New	Hamp.Ave.		
FATHER'S NAME	WIDDLE	15. MOTHER'S MAIDEN	NAME	1AST		
Carmen	Froq		WIDDLE	Unk		
60. WAS DECEASED EVER IN U.		CIAL SECURITY NO. 17 INFORMANT	ADDRESS			
None (F)	es, GIVE WAR OR DATES) 23	5 26 1259B John Az	zara (Husband)	Same as 13E		
	ter only one couse per line for			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS C	AUSED BY	140 carrier Antare	4	BETWEEN ONSET AND DEATH		
IMM	au aus					
		CONSTQUENCE OF)		Lur.		
Conditions, if any, while gove rise to immedia	7.					
couse (a), stating to						
	(c)					
	ANT CONDITIONS CONTRIBI	JINGTO DEATH BUT NOT RELATED TO THE	ERMINAL DISEASE OR CONDITION	N GIVEN IN PART 110		
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	nic (on a)	MILE TO CALL OF THE	ins			
190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?		
TI LINE			YES NO	YES NO		
210. ACCIDENT WAS UNDERLYIN	LICHE AND MA		CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)		
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED	OF DEATH	19				
21d INJURY OCCURRED	21e. PLACE OF INJU		CITY OR TOWN	COUNTY STATE		
WHILE NOT WHILE DAT WORK] [AT HOME, STREET FACT	ORY, OFFICE FARM ETC.) STREET		31872		
	hospital) attended the decea	sed from APTI 19	83 10 April 21	19 75 that () (we) lo		
sow the deceased isle	man April	9 19 85 and that in my (our) opin	ian death occurred on the date an	d hour and fram the causes stated		
77k SENATURE	(d ng), wew the bridy ofter de	DEGREE		27s: DATE SIGNED		
1)	1 A de.	ATTENDIN		11/2/18/5		
22d. PHYSICIAN'S NAME	TYPE OR PRINT)	PHYSICIAI	DIRECTOR PHYSICIAN	7/21/03		
				1 1		
	el Anderson		ey SandySpring	g Rd.Olney,Md.		
30. BURIAL, CREMATION, REM		23r. NAME OF CEMETERY OR CREMATO	CITY OR FOWN	COUNTY STATE		
Burial	4/25/85	Gate of Heaven	S.S.	Mont. Maryl		

Hines/Rinaldi 11800 New Hamp. Ave. S.S. MdAPR 26 1985

DHMH - 16 50M 4/B3 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAPHYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.			
1. DECEASED NAME	FIRST	-	MIDDLE	7	AST	20 D	ATE OF DEATH	HIMOM	DAY YEAR	26 HOL	JR
(TYPE OR PRINT)	HARA	2 Y	Á	3	AKER		Ac	ril	a 1985	52:1	8AM
3. SEX		4. RACE	-	5 DATE C			E (IN YEARS LAST B	RTHDAY)	MONTHS DAYS		
Male		Caucas	ian	MONTH	DAY YEAR		COH	YRS.	MONTHS DAYS	HOURS	MIN.
	TATE OR FOREIGN		WHAT COUNTR	RY? 8	- 2	9. BA	LTIMORE CITY		TY OF DEATH		
Ponnsul W		11.0	A	WIDOWE	D NEVER MARRIED DIVORCED		MAN	town	nery		MD.
IO. CITY OR TOWN				SING HOME	OR OTHER INSTITUTION	N 120 L	SUAL OCCUPAT			OF BUSIN	
Takon	MPK.	I DOS IN	CH FACILITY, GIVE STE	PEET ADDRESS)	entist Has	D. Has	OF WORK FOR MOST	Small			
USUAL RESIDENCE					711101 1100	Med		Dillege	61.9-0110		
Maruland	Mainta		13c. Chylor to		13d. INSIDE CITY LIMIT		TREET ADDRESS		DE .	,	20002
14 FATHER'S NAME			LSALVER	Spring	15. MOTHER'S MAIDE		134 Osag	2 Str	eet		20903
FIRST	,	MIDDLE	D-b-		FIRST		MIDDLE		_	AST	
HATTY 160 WAS DECEASE	D EVER IN U.S. AR/	MED FORCES?	Bake		17 INFORMANT		ADDR	ESS	Rous	seau	
(YES, NO OR UNKNO		WAR OR DATES	100 10	0000	0-1-4-1	D-1	1111	0			
Yes	F DEATH (Enter on	11	188-18		Dorothy M.	Barer	L wese	Sam		XIMATE INTE	RVAL
	IMMEDIAT	E CAUSE (o)	R AS A CONSE	- BOUENCE OF	ia fra	3					
gove rise	gove rise to immediate couse (a), stating the underlying cause lost. DUE TO, O (c) (c) (c)			OUENCE OF							
	ER SIGNIFICANT C	ONDITIONS <u>Co</u>	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR COM	1DITION G	IVEN IN PART 1	110	
NO DATE OF 210. ACCIDENT	OPERATION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20 YE	autopsy?	, IN CERT	ES, WERE FIND TIFYING CAUSE YES []		TH?
OR CONTRIBUTI	WAS UNDERLYING ON DEA			DAY YEAR	21¢ HOW INJURY O	CCURRED (ENTER NATURE OF INJ	JRY IN ITEM 18	B PART I OR PART 2)		
Z1d. INJURY C	NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFI	CE, FARM ETC 1	21f LOCATION STREET		CITY OR TO	OWN	COUNTY		STATE
sow the	that (1) (this hospit deceased alive on) (we) (did) (did not	4/2	19	0.5	, 19 E nd that in (my) (our) op		occurred on the c	lote ond he	our and from the	, that (I) (ne causes st	,
The ACHATI	hal	de (Charle	en m.	DEGREE ATTENDI		DICAL STA		224 DAT	E SIGNED	
77d PHYSICIA	IN'S NAME (TYPEO)	R ICHA	RD M	•	51/22 S	9200	ring St	ey LA	ND 20	910	
23a. BURIAL, CREM.	ATION, REMOVAL	23b. DATE	2	3c NAME OF C	EMETERY OR CREMAT	ORY 23	d LOCATION CITY OR TOWN		COUNTY	45	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

morked or Hemrig shop

IMPORTANT: If Hem 21 is

Burial Apr 4, 1985 Md.

JERAL DIRECTOR Francis J. Collinsoness
University Blvd., W. Silver Sp Silver Spring.

EDECT OF SURE STATE OF SURE ST

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 134018 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a DATE OF DEATH MONTH 75 HOUR 920 YPE OR PRINT Balderson 4-30-85 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR HOURS 89 Temale TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED iramia WIDOWED A DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Gaithers hura YES 🔁 Summit Hall Rd. NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME sample arrack 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN HE YES, GIVE WAR OR DATEST 120 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse penline for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS C DISSESSE OR CONDITION GIVEN IN PART TIME NE DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 2th, IF YES, WERE FINDINGS USED 78s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [21st ACCIDENT WAS UNDERLYING [7] 21h TIME OF HUJURY TIL HOW INJURY OCCURRED. TENNER WATURE OF PRINT PRINTING IS THAT I OR PART TO HOUR A.M. MONTH DAY YEAR ON CONTRIBUTING TO CAUSE OF DEATH LETTHER NOTEY MEDICAL EXAMINED P.M. 214 INJURY OCCURRED TH LOCATION 71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE nept week AT WITH 22s I certify that III (this have reft tittended Account alive un and that in (my) (per) opinion death occurred on the date and how and from the course stated DEGREE ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 事業 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Barresvi DUTIA 24 FUNERAL DIRECTOR Nash and Slow 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S S DHMH - 16 50M 4/B3 Glia Devidsor-10 (VRA 15, 4) F.m. Talusana Colonia

RECORE there we wanted the facility of the color A THE PROPERTY OF THE PARTY OF A The Completion of the Letholipe Libiting A CARLO AREA THE THE PARTY OF THE PARTY Art Lavorette at May He will be a comment of the

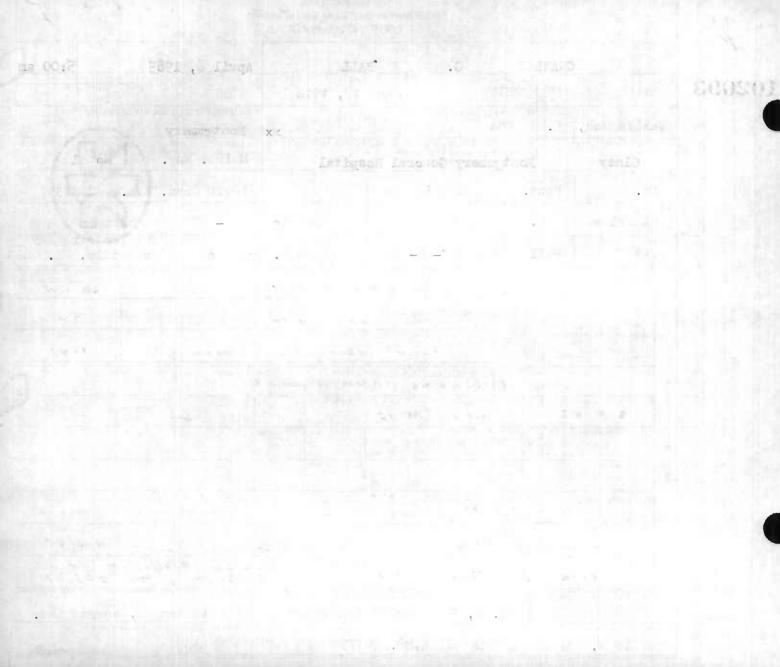
STATE OF MARYLAND

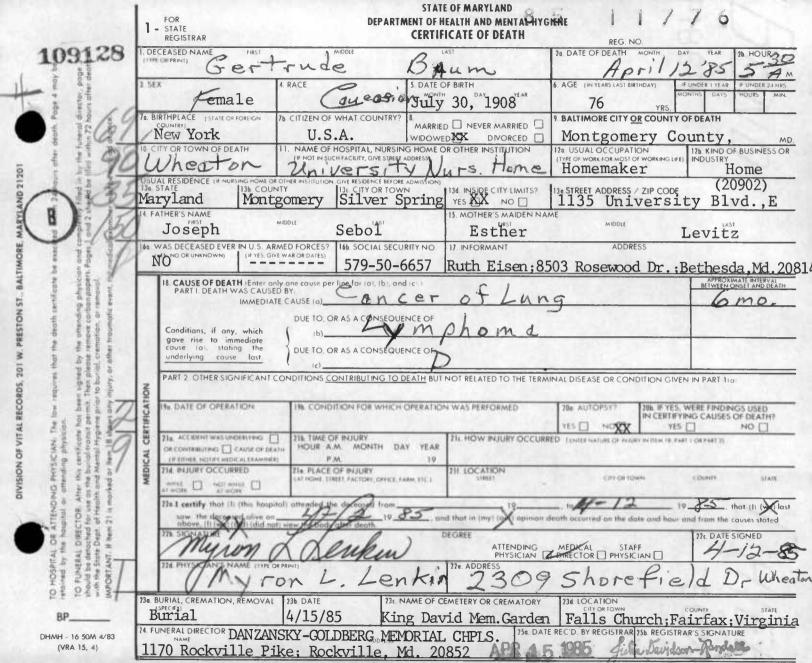
ACOUNTY OF THE PARTY OF THE PAR The second secon hen gentry in a The eviet and search of the little of the li ACTION OF THE STATE OF THE STAT oron - delines - delines tendrasian salar .C.C. magningson Section 1 at 400 St 100 Fig. 1 m. 1 and 0 Street, and the street was a street, and a street was a street with the street was a street with the street was a street w

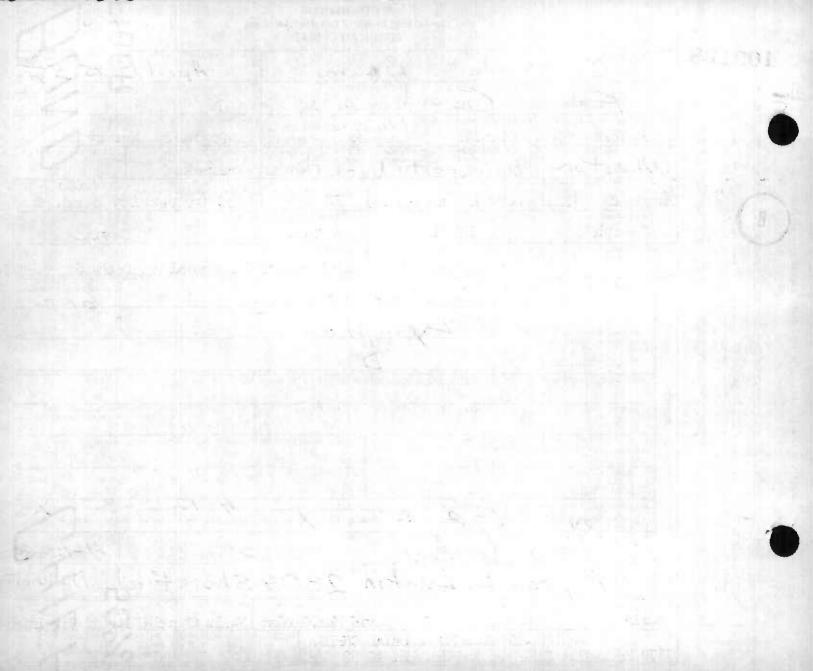
/	1-	FOR STATE	
		PEGISTRAP	

STATE OF MARYLAND CERTIFICATE OF DEATH

1/		REGISTRAR				CERTIF	CATE OF DEATH	REG.	NO.		
1		CEASED NAME	FIRST		MIDDLE	f	AST	20 DATE OF DEATH	MONTH (DAY YEAR	26 HOUR
e de la composição de l	(1117		CHARI		G.		BALL	April 6.			5:00 am
93	3. SE	× MALE		4. RACE WHITE		June	19, DAY 1916 EAR	6 AGE (IN YEARS LAST	BIRTHDAY)	WONTHS DATS	HOURS MIN.
1		RTHPLACE ISTATE OR F		76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY	OR COUNTY	OF DEATH	MD.
29	10. C	Olney		(IF NOT IN SU	HOSPITAL, NUI CHEACILITY, GIVE ST DETY GET	RSING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Maint.	ATION	12b. KIND (INDUSTRY Hote	OF BUSINESS OR
E	130		136 COUN Mon	OTHER INSTITUTION	134 CITY OR T Kensi	efore admission) OWN ngton	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	S / ZIP CODE	e. 20	0895
58	L FA	Charles	C	MIDDLE •	Ball LAST		15 MOTHER'S MAIDEN NA/ Hattie	WIDDLE	1	Matteri	
/	16a V	YAS DECEASED EVER	IN U.S. AR	MED FORCES? TWAR OR DATES)		3-1561	Charlene M.				rra Way , Md.20833
		B CAUSE OF DEAT PART I. DEATH W	AS CAUSE			, and ic	ry Arres	,			XIMATE INTERVAL
OUTSTAND.	9	Canditions, if any,	which	430.0°	OR AS A CONSE	QUENCE OF	pulmon.le				3 mo.
other		gave rise to imm cause (a), statin underlying couse	g the	DUE TO, C	OR AS A CONSE	QUENCE OF	obstructive	pulmon	-ry 0:1.		soyr.
o 'Aurilia	NO	PART 2 OTHER SIGN	UFICANT O		ONTRIBUTING		NOT RELATED TO THE TERM		NDITION GIVI	EN IN PART 1	(a·
2	TIFICATION	90 DATE OF OPERA			OITION FOR WH	MOS	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDS YING CAUSES	INGS USED S OF DEATH?
9	CAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A	OF INJURY	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART 1 OR PART 2)	18 4 0
o d	MEDICA	216 INJURY OCCUR	RED	21e PLACE	OF INJURY	ICE FARM ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
21 + 40		220.1 certify that (1) saw the decease above, (1) (we) (c	(this hospi	4-5-	85		d that in (mx) (aur) apinion (, 10	date and haur	19	that (1) (we) last
T. If New		22b. SIGNATURE			1 age		ATTENDING PHYSICIAN	MEDICAL ST	TAFF SICIAN [7]		E SIGNED
PORTAN		22d. PHYSICIAN'S NA			Mayo	, mo	22e ADDRESS		roder		Rd.
1 3	23a. E	BURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL		0,1985		EMETERY OR CREMATORY nham Veterans	23d LOCATION CITYOR TOWN Chelten		George	STATE
OM 7/B4		NERAL DIRECTOR	ARBER	40.00			25a. DAT	PR 9 198	AR 256. REGISTI	RAR'S SIGNA	







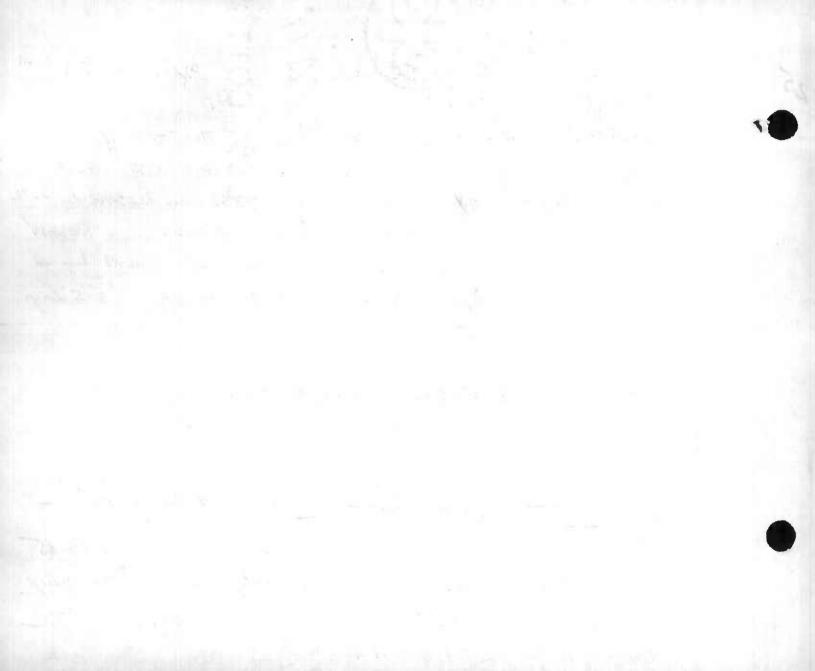
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) arence & AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR 1895 June 6. Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FORFIGN MARRIED NEVER MARRIED Indiana USA WIDOWED X DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Finance Officer Dept. of the Air USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE HOME OF Force 13e.STREET ADDRESS / ZIP CODE £13d. INSIDE CITY LIMITS? 2121 Virginia Avenue, N.W. Washington, DC YES K 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Unknown Johnson Unknown Unknown 166. SOCIAL SECURITY NO 17 INFORMANT 1501 Allan Avenue 60 WAS DECEASED EVER IN U.S. ARMED FORCES YES NO OR UNKNOWN Dorothy Burriss Silver Spring, Maryland 579-32-1437 No 18 CAUSE OF DEATH (Enter only one cause per perforto), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig 190 DATE OF OPERATION 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TE PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 714 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the decease saw, the deceased alive an and that in (my) (co) apinian death accurred on the date and have and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR [] PHYSICIAN [PHYSICIAN MI PHYSICIAN'S NAME (TYPE ORPRINT) 27e. ADDRESS 230 BURIAL CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY April 24, 1985 Lee's Crematory Clinton, Maryland Cremation APR 25 1985 Junia Junidan Handa 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 50M 4/83 6638 Old Alexander Ferry Road, Clinton, Maryland (VRA 15, 4)

and set the man who was the some programmed didentities theme THE BURNEY MITTERS COURSES 3/4/3/2-LA TOUCK ENDINANCE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 02013 CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTI ANNE AGE (IN YEARS LAST BIRTHDAY) FUNDER I YEAR 1: SEX 5. DATE OF BIRTH MONTH 86 WHITE BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARULAND DIVORCED [WIDOWED ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13g STATE 13ª STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MONTBOMERY WER OPRING 1400 FENWICK L 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE MOSES ADDRESS MITSCHER ST. Mas DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) KENSINGTON MD. 20895 NONE 18 CAUSE OF DEATH (Enter only one cause per line for (a) to, and it PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEOURCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED 0 IN CERTIFYING CAUSES OF DEATH? NO YES [NO [] 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC) STREET NOT WHILE AT WORK 22a L certify that (1) (th saw the deceased alive an Elbruan apinian death acceired on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING FUNERAL PHYSICIAN I DIRECTOR PHYSICIAN 7# ADDRESS ld b MPORT 23c. NAME OF CEMETERY OR GREMATORY 23b. DATE BERS CREMATORY DHMH - 16 50M 4/83 (VRA 15, 4)

FANT BELLES LANGE - BELLES LANGE ENTER THE TAX TO A STATE OF THE PARTY OF THE the term of the transfer of the terms of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE A.K.A. MAY CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) 6 AGE (IN YEARS LAST METHERAY) IF UNDER TYEAR IF UNDER 24 HRS 3 SEX HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF MONTGOMERY WIDOWED DIVORCED | 124 KIND OF BUSINESS OR INDUSTRY CITY OR TOWN COUNTY 130. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE CECGLIA 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 6290 ESSALL RD 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO I NO Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (the happened) attended the deceased from sow the deceased alive on above, (1) (and (did not) view the body ofter death. and that in (my) terms opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN BRENNWALD 23c. NAME OF CEMEJERY OR CREMATORY 230 BURIAL, CREMATION, COUNTY 24 FUNERAL DIRECTOR ATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO).	O (J
		CEASED NAME OR PRINTS	FIRST		HERMI NA		LMONT	APRIL 28,		AY YEAR	10:10 AT
	3 SEX	× FEMALE		WHITE		MARC	H 17°, 1904°	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7	Í	RTHPLACE (STATE OR FO		U.S.		WIDOWE		9 BALTIMORE CITY O MONTGOME	ndo-	OF DEATH	MD.
C	S	ILVER SPRI	NG.	FAIRL	AND NURSI	NG HO	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF MEDICAL DO	ON WORKING LIFE CTOR	125. KIND O INDUSTRY STATE	SCHOOL
7	13a S MA	AL RESIDENCE (IF NURSI STATE RYLAND	13b COUN		STLVER		13d INSIDE CITY LIAUTS?	2101 FATRL	AND RO	DAD 2	20904
7		THER'S NAME EIRST john	,	WIDDLE	SUMBERG		ROSALIE	WIDDIE		LEGŚĨ	DIN
1		vas deceased ever yes, no or unknown) NO		MED FORCES? WAR OR DATES)	028-28-			GHTER) ADDRE RIMBLE, 1201	SSPRIN BURTY	NG, MD. ON ST.,	20910 SILVER
		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediote	(b)	R AS A CONSEQUE	al i	arterissele	Cosis		5	ys
	CATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM				
2	CERTIFICA	210. ACCIDENT WAS UND		21b. TIME O		OPERATION	WAS PERFORMED	YES NO AUTOPSY?	IN CERTIFY YES		
1	MEDICAL C	OR CONTRIBUTING CONTRIBUTION CO	AUSE OF DEA	HOUR A. P 21e PLACE	M. MONTH D. M.	AY YEAR 19	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
		22a.1 certify the (1) sow the deceose obove (1) (d	d olive on	4/11	19		d that in (my) (our) opinion of DEGREE ATTENDING 1			9.85 ond from the	
1		GEORI	JE-	S- KET	NTON		PHYSICIAN X 1220 ADDRESS 10620 GE	MEDICAL STAF	IAN 🗌	LVER SI	29/85 PING-MI
	23s. B	SURIAL, CREMATION, P	REMOVAL	4/30/8		OREST	EMETERY OR CREMATORY HILLS CEMETER	23d. LOCATION CITY OR TOWN BOSTON	S	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

PARENT PROPERTY AND PAPP, INC. MAISON T ST., N.W., WASHINGTON, D.C. 20009

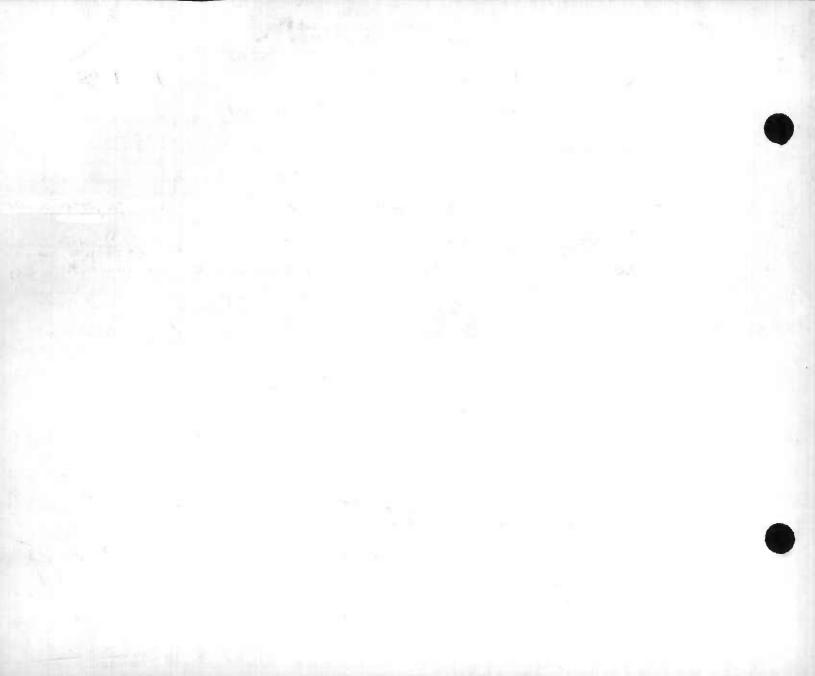
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BOSTON

MASS BY REGISTRAR 24 REGISTRAR'S SIGNATURE

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- Enabel		52,000		_fond_

STATE OF MARYLAND



		1-	FOR STATE					MENT OF I	HEALTH A	ARYLAND	AL HYGII	ENE	17	8, 2	•	
		1.00	REGISTRAR		PST			EXAMIN		RTIFICA	TE OF D		REG. NO.	10.36	5.55	
12	CTOR.		CEASED NAME PE OR PRINT)	5	tel	Stella	M. Be	tz	B	at-	2	20 DATE K OF DEATH	ESTI-	MONTH DA	1 1980	2h HOUR
8	NZCRE.	1	emole	LU h	te "	DATE OF BIRTH	YEAR 93	6. AGE (IN YEAR LAST BIRTHDA	Y) MONTHS		UNDER 24 HR	PRONOUNC DEAD		4 -2	19	2d HOUR CO P M
•	NECESSAR UNERAL DE SFOR YOUTHIN YOUR PRESTO	FC	Kansas	ATE OR		U.S.A	•		8. MARRIED WIDOWED	D 💆 D	MARRIED [9. BALTIMO	RECITY OR	COUNTY OF	mer	MD.
	S PACK	В	ethesda			NAME OF HO	ech T	ree Ros	ad	INSTITUTIO		Teacher		FWORK 12b	Educat	
1		13aM	AL RESIDENCE I	IF IN NURSING	ntgo	her institution, G		BEFORE ADMISSION OF ICAM	13	YES TO N	13e 8	611 Bee	ch Tre	e Road	d 208	815
A.	11350) .	Archiba.				Candle			Abiga		ME	DLE Var	Dore	n LAST	
MITIMO	SATER SIVE PA TH FOR VISION	16a \	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.	S. ARMED S. GIVE WAR			-44-20		rs. Pa		Addie,	Same a	us #13		
, 201 W. PRESTON ST.	UTED WITHIN 24 HOURS IN PENCIL IN ITEM 18-65 EXAMINER ALONG RIAL - TRANSIT PERMIT D MENTAL HYGEINE, DIV ON, OR REMOVAL.		Condition gave rise	s, if ony, se to immestating the u	AUSED BY NEDIATE C which ediate	AUSE (a) DUE TO, OR	R AS A CON	ISEQUENCE C	OF CONTRACTOR	iac	ar rt	eriosc	-lero		APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
DIVISION OF VITAL RECORDS.	DULD BE EXECUTED D. PENDING." IN PRINCE EXAMED AS A BURIAL-F HEATH AND ME (AL, CREMATION, C.	CERTIFICATION	PART 2 OTHER SIG			196 CONDI		TED TO THE TERMI						20	AUTOPSY?	
NOF VIT	S CERTIFICATE SHOULD SITING THE WORD "PER REAS SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL, C		21a. EXTERNAL UNDERLYING CONTRIBUTIN	OR			A. MONTH	DAY YEAR	21c HOV	V INJURY OC	CURRED (ENT	ER NATURE OF INJUI	RY IN ITEM 18 PAR	T 1 OR PART 2)	YES 🗌	NO (X
DIVISIO	IN A PACE	MEDICAL	21d INJURY OF WHILE AT WORK	CCURRED		21e PLACE	OF INJURY	(AT HOME.	21f LOCA			CITY OR TOWN	4	COUNTY		STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR; PARAFER DEATH, WITH THE STABALLIMORE, MARYLAND, 21:		220. I certify death resulte ACTUAL SIGNATURE			the remains despuses .	Accident		Autapsy	Homicide		Inquiry [n my opinian	4-26	1-88
	TO MEDIC EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BARTIMORE	23o.8	EXAMINER'S N (TYPE OR PRIN URIAL, CREMAT PECIFY) Cremati	ION, REMO	28 (PATE /25/85		her IAME OF CEM	ETERY OR C		234.	LOCATION	wisc		- M d	
07/84 25M	DHMH - 17 (VR A15 ME (5))		INE GOBED	PR Gaw]	erts		Inc.,				DATE REC'D.	BY REGISTRAR 1985	256 REGIST	rland RAR'S SIGNA Widson-	TURE	

PIRIS And new dock field X X Mine Jed Verent lond - Mariya Sylling the . with this sail, sme ne II PA LA LEMESTER SITE ST. Description | 4/25/8 Tales Will Described | Andthone | Sentiment week wolon's cons, ite., old incoming

everno, ..., indiameton, v.t. 20016

DIVISION OF VITAL RECORDS,

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR TYPE OF PRINTS BLANCHE J. BEUCHERT APRIL 12, 1985 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS APRIL 8 1922 FEMALE WHTTE 63 TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED WASHINGTON. D.C. U.S.A. M ONTGOMERY WIDOWED O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR OWN HOME WORKING HEE HOUSEWIFE 7700 GRANADA DRIVE BETHESDA 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 7700 GRANADA DRIVE BETHESDA 20817 MARYLAND MONTGOMERY YES [] NO A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDOL LAST BARUCH UNKNOWN HERBERT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT LIF YES GIVE WAR OR DATEST 579-20-5547 CARL BEUCHERT, HUSBAND, SAME AS ITEM #13 NO 18 CAUSE OF DEATH (Enter only one couse per line for to b), and to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A COMSEQUENCE OF Conditions, if ony, which arkin Son gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 ATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 71a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 71e. PLACE OF INTURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from march 29 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN APRIL 12,1985 22d. PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS CHRISTOPHER UNGER, M.D. 8218 WISCONSON AVE., BETHESDA, MD. 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION (SPECREMATION 4/13/85 METROPOLITAN CREMATORY STATE ALEXANDRIA, VIRGINIA 24 FUNERAL DIRECTOR RICHARD RAPP, INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1804 T ST., N.W., WASHINGTON. D.C. 20009 ... w widow - Norklasse

DHMH - 16 50M 1/B1 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

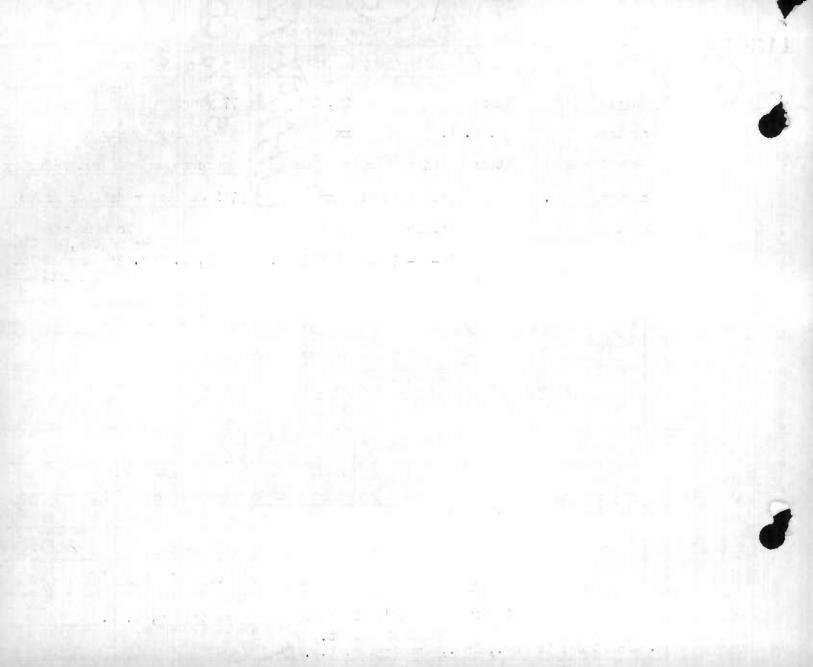
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

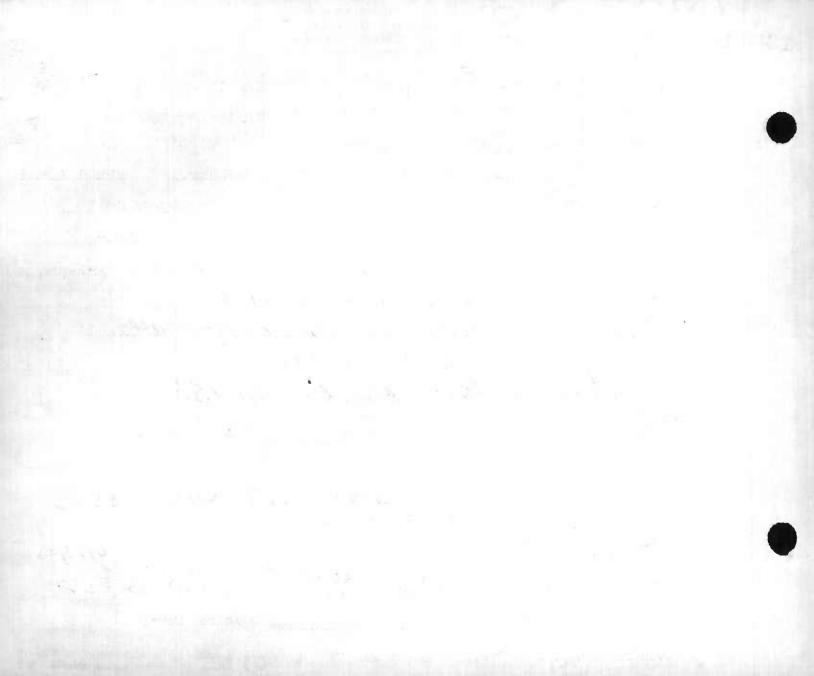
	FOR STATE REGISTRAR	i	DEPARTA		EALTH AND MENTAL MYGICATE OF DEATH	IENE REG. NO		0		
	1. DECEASED NAME FIRST		WIDDLE	t	AST	2a. DATE OF DEATH		YEAR	26 HOUR	
4	(TYPE OR PRINT) E11a		V.	Bi	nker	April 1	1985		3:42	ам
1	3. SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF	UNDER 1 YEAR	IF UNDER 2	4 HRS
	Female	Caucas		May :	17, 1909 YEAR	75	YRS	NTHS DAYS	HOURS	MIN.
3	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O				
Ŋ	Virginia		States	WIDOWE	-OL	Montgomery				MD.
	10 CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACHITY, GIVE STREET an Hospit	ADDRESS]	OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE)	126. KIND C		SOR
4	Bethesda USUAL RESIDENCE (IF NURSING HOME OF					Homemake	r	Own :	Home	
اد	130 STATE 136 COU		13t. CITY OR TOW	N		13e STREET ADDRESS				
		gomery	Rockvil	le		1714 Tweed	Street		<u> 20851</u>	
	14 FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	1	
T.	Edgar	Ray	Lent		Lula	May	710	Kidw	ell	
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Geral	Ld W. Binker	Son Son		10.1	
Ц	No No	ON DATES!	578-07-9	298	3202 Turner I	Lane, Chevy	Chase.		2081	5
	18 CAUSE OF DEATH Enter of	inly ane cause per	r line far (a), (b), and	d ic					MATE INTERV	AL
	PART I. DEATH WAS CAUS	ED BY ATE CAUSE (a)	Card:	iac a	rrest			0304		
	IMMEDIA						19-20-	Carry 1		
	Conditions, if any, which	DUE TO, O	Conge	estive	e heart failur	re		12		
	gove rise to immediate couse (a), stoting the) (0)			THE UNITED TO		20			
	underlying cause last	DUE TO, O	R AS A CONSEQUE Hvpe:		nic Cardiomyon	pathy		81		
	PART 2 OTHER SIGNIFICANT	CONDITIONS					DITION GIVEN	IN PART 10	1	=
					scular Disease					
7	Atrial Fibril 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V	VERE FINDIN	NGS USED	_
1	E I					YES NO X	IN CERTIFYII	NG CAUSES	OF DEATH	1?
à	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR			1 OR PART 2)		
7		AIII	M. MONTH DA							
	OR CONTRIBUTING CAUSE OF DI		M. OF INJURY	19	211 LOCATION					-
	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE F	ARM ETC 1	STREET	CITY OR TO	WN	COUNTY	57	ATE
	22a I certify that (1) (this has	oital) attended th	ne deceased from	Janua	ary 10 19 83	preser	nt 10		that (I) X	e) last
	saw the deceased alive a abave, (1) (work (dwg)) (did n			85	nd that in (my) (ox) apinian a		, , ,			
	276 SIGNATURE	at) view the bady	atter death.		DEGREE			226 DATE	SIGNED	
	7 She	ande m	0.			MEDICAL STAP	F			1005
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	L DIKECTOR BHAZIC	IAN []	Apri	L 1,	<u> 1985</u>
	Douglas Shu	maker	M.D.		615 W. Mont	gomery Av.,	Rocky	ille,	Md20	850
	230 BURIAL, CREMATION, REMOVA	L 236 DATE	April 23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		O. a. II.		
	(SPECIFY) Burial	4 19	85 Pa	rklaw	n Memorial Pa		le, Mai	yland		ATE
1	24 FUNERAL DIRECTOR Robe	ert A. P	umphrey F	unera	1 Homes, 250. DATE	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	UREndal	2
	P.A	Rock	ville, Ma	rvlan	d Al	11 0 1905	June	w/mmi	1	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 13048 2n DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINT) MALCOMA 8-85 IF UNDER 24 HRS 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Feb vears Female Negro BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Montgomery County WIDOWED & CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Althea Woodland Nursing Home Pvt Industry Housekeeper USUAL RESIDENCE (IF NUMBER) - WE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 131 CITY OR TOWN 5702 Jefferson Heights Drive Seat Pleasant F. Georges MaryLand 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE McPherson Sumpter Parker Tda ADDRESSWashington, DC 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Valarie G. Newsome, G. Dau. 300 Emerson 579-01-4745D APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INCUMONITIS IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF POTIC VASCULAR DISEASE Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF ARTERIO SCLEROSIS cause ia', stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 9451 220.1 certify that (1) (this hospital) attended the deceased from april 8 saw the deceased alive an_ , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not view the bady after death. 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN ADDRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRIN 22e ADDRESS P ZGERALD 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE (SPECIEX) REMATION COUNTY 12 Apr 85 Lee's Crematory Washington, D. C. 250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESSL432 You St. . NW DHMH - 16 60M 1/75 (VR A 15 (4)) Ernest Jarvis Co., Inc., Washington. D.C.AA

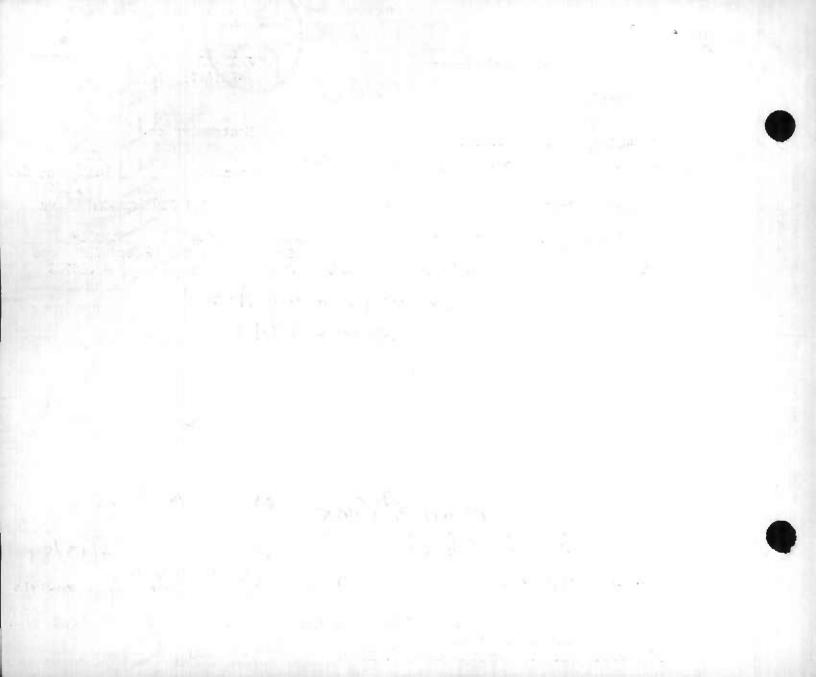




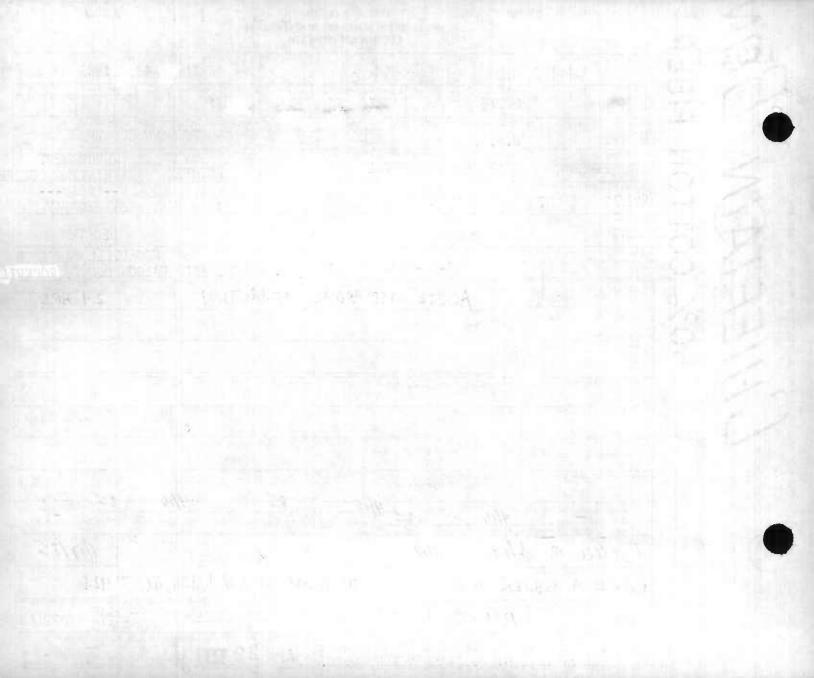
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6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	OUNTRY)
	Washington, D.C.
o offer	takoma park
D 212	USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b CO
MARYLAND ed within 24 mpletely filled ond 2 should cond 2 should	Maryland Mona
d with	FIRST
E, N	Claude E
IIMOR	(YES, NO OR UNKNOWN) (IF YES.
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page etained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the buriol-tronsit permit. Then please remove corbonpapers: Pages 1 and 2 should be the medical formation of Health and Amental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows only injury, or other troumatic event, the medical exemiter muses in this distriction.	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause [o], stating the underlying cause lost
DS, 201	PART 2 OTHER SIGNIFICAN
L RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF COMMENT OF CONTRIBUTION OF CONTRIBUTIO
VISION OF VITAL BY BY SICIAN: The attending physicion, of ter this certificate has she buriol-tronsit prond Mental Hygiennriked or frem 18 shown	71a. ACCIDENT WAS UNDERLYING
OF ICIAI	OR CONTRIBUTING CAUSE OF
PHYS anding this of the burner	21d. INJURY OCCURRED
NG NG NG the other orked	AT WORK AT WORK
ENDIN ol or or ose of or use of Heolti	22a.1 certify that (1) (this ha
	obove, (I) (we) (did) (did
TO HOSPITAL OR ATTENDING PHYSetained by the hospital or attending TO FUNERAL DIRECTOR. After this should be deriched for use as the buwith the State Dept of Health and MMORTANT: If them 21 is marked or	A A CHR
F 2 1 1 1 4	23a BURIAL, CREMATION, REMOV
BP	Burial

DHMH - 16 50M 4/83 (VRA 15, 4)

	/	8,FilmG603 5/1 FOR STATE REGISTRAR	3/85 kam		MENT OF H	E OF MARYLAND SIEALTH AND MENTAL H	HYGIENE	REG. NO.	78	9
		CEASED NAME FIRST DOT	is Marie	Boggs		AST	20 APT		DAY YEAS	° 260'6'.25
	1. SEX	Female	4. RACE whit	e	5. DATE (YEARS LAST BIRYHDAY)	IF UNDER 1 YE MONTHS OA	
1	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Mont	orecity or congomery c	UNTY OF DEATH	MD.
/	10. CI	akoma park	Washing	ton Adve	ntist	Hospital		LOCCUPATION ORK FOR MOST OF WORK taru	KING LIFE) INDUST	DOFBUSINESS OR SULLANCE CO
4	Ma.		ROTHER INSTITUTION. NTY JOME/LY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW SILVET LAST	'N	13d. INSIDE CITY LIMITS' YES XXX NO 15. MOTHER'S MAIDEN FIRST		ADDRESS / ZIP 381 SOI	code uthampto	20903 n Drive
		Claude E.	_	radhield		Flair		Mau	Brom	Rou
,		AS DECEASED EVER IN U.S. AF		579-09-		17. INFORMANT SO Bob Steve		17242		lill Road
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause [0], stating the underlying cause lost PART 2 OTHER SIGNIFICANT	(b)		ENCE OF	NOT RELATED TO THE TE	_1\	TOPSY? 20b.	N GIVEN IN PART	NDINGS USED
	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LIHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE AT WORK 27e.1 certify that (1) (this hosp saw the deceased alive or obove, (1) (we) (did) (did not 27b. SIGNATURE)	ATH HOUR A. P. Zie PLACE (AT HOME, STE	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F	arm etc)	DEGREE ATTENDING	85, to	NATURE OF INJURY IN THE	YES COUNTY 19 19 10 10 10 10 10 10 10 10	NO []
		274 PHYSICIAN'S NAME (TYPE. A.A. CHA URIAL, CREMATION, REMOVAL SPECIFY BURIAL	cko			270 ADDRESS \$500 EMETERY OR CREMATOR	1 6 65 S	8d. suite	county county	Mont Ma
		INERAL DIRECTOR Franc NAME OD Univ. Blvd.	is J. Co	llinsudress			APR 1 8	REGISTRAR 256. R	EGISTRAR'S SIGN	



STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT APHYGIENE

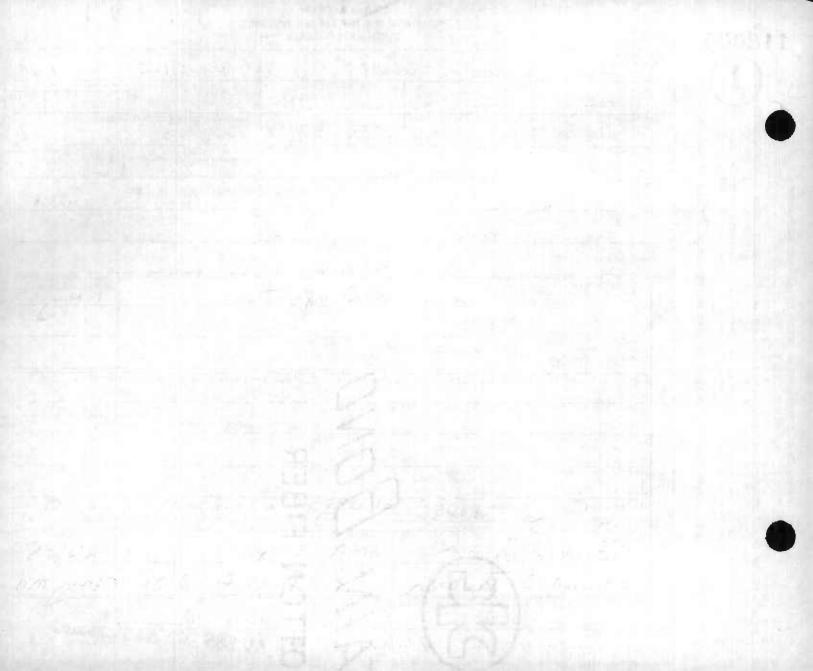
CERTIFICATE OF DEATH

P	F	G	N	0

				REG. NO.		
DECEASED NAME FIRST	M	AIDDLE L	AST	20. DATE OF DEATH MO		YEAR 26 HOUR
TYPE OR PRINT! Lillian	Lorraine	Boswel	l	April 2,1	985	7.30
SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY] IF UNDER	
Female	White	octi	ober 25, 1919	65	YRS.	DAYS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY? 8		9 BALTIMORE CITY OR	COUNTY OF DEA	TH
Maryland	USA	MARRIE	D NEVER MARRIED DIVORCED	Montgomer	y	
CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME O	OR OTHER INSTITUTION	120. USUAL OCCUPATION		IND OF BUSINESS C
Ashton		Ashton Road		housewife		ome.
SUAL RESIDENCE (IF NURSING HOME ISTATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ZIR CODE	
	ntaomeru	Ashton	YES NO []	1600 Ashto		20861
FATHER'S NAME	5		15. MOTHER'S MAIDEN NAM	AE	NOAU.	
FIRST	MIDDLE	LAST	FIRST Control of management	MIDDLE	1	LAST
Seymour WAS DECEASED EVER IN U.S. A	Vav	16b SOCIAL SECURITY NO.	Georgianna 17 INFORMAN	ADDRESS	Loveles	20
	GIVE WAR OR DATES)					
no		213 24 3532	Anthony L. F	Boswell same	as above	2
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per	line for (a), (b), and (c).)	0 1		BF	APPROXIMATE INTERVAL
	ATE CAUSE (o)	muscardi	irraphe St	an		1 day.
	0.15.10.00	AS A CONSEQUENCE OF				6)
	DUE TO, OR	AS A CONSEQUENCE OF				
Conditions, if ony, which	(b)					
gave rise to immediate cause (a), stating the	S DUE TO OF	R AS A CONSEQUENCE OF				
underlying cause last	DUE TO, OR	AS A CONSEQUENCE OF				
2						
	((c)					
PART 2. OTHER SIGNIFICAN	(c)	DNTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN P	ART Iro
PART 2. OTHER SIGNIFICAN	_					
PART 2. OTHER SIGNIFICAN	_	ONTRIBUTING TO DEATH BUT		200 AUTOPSY?	20b IF YES, WERE	
PART 2. OTHER SIGNIFICAN	19b. CONDI	TION FOR WHICH OPERATIO	n was performed	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES []	FINDINGS USED AUSES OF DEATH?
PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDI	TION FOR WHICH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES []	FINDINGS USED AUSES OF DEATH?
PART 2. OTHER SIGNIFICAN	19b. CONDI	TION FOR WHICH OPERATIO FINJURY M. MONTH DAY YEAR	n was performed	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES []	FINDINGS USED AUSES OF DEATH?
PART 2. OTHER SIGNIFICAN	19b. CONDI	TION FOR WHICH OPERATIO FINJURY M. MONTH DAY YEAR M. 19 DF INJURY	N WAS PERFORMED 21c. HOW INJURY OCCURR 211 LOCATION	200 AUTOPSY? YES NO (ENTER NATURE OF INJURY)	706 IF YES, WERE IN CERTIFYING C. YES IN ITEM 18 PART LOR P	FINDINGS USED AUSES OF DEATH? NO ART?)
PART 2. OTHER SIGNIFICAN' 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IN EITHER NOTIFY MEDICAL EXAMINATION OF COURRED)	19b. CONDI	TION FOR WHICH OPERATIO FINJURY M. MONTH DAY YEAR M. 19	N WAS PERFORMED	200 AUTOPSY? YES NO	706 IF YES, WERE IN CERTIFYING C. YES IN ITEM 18 PART LOR P	FINDINGS USED AUSES OF DEATH? NO ART?)
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PART 2. OTHER SIGNIFICAN' 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN ALWORK 22a.1 certify the (IP this hos	19b. CONDI 21b. TIME OI HOUR A.M. 21c. PLACEC (IAT HOME STRI	FINJURY M. MONTH DAY YEAR M. 19 DFINJURY EET. FACTORY, OFFICE, FARM ETC.] B deceased from	21c. HOW INJURY OCCURR	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN	20b IF YES, WERE IN CERTIFYING C. YES IN ITEM 18 PART 1 OR P	FINDINGS USED AUSES OF DEATH? NO ART?) NIV STATE
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PART 2. OTHER SIGNIFICAN' 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ILL (IN EITHER NOTIFY MEDICAL EXAMP 21d. INJURY OCCURRED WHILE AT WORK 27a. I certify the (IP this hos sow the deceased of the obove (IP) well (Idid) (Idid) 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYP) B. BURIAL, CREMATION, REMOVA	19b. CONDI 21b. TIME OI HOUR A.M P.M 21b. PLACE C (AT HOME STRI POPULATION OF THE BODY O	FINJURY M. MONTH DAY YEAR M. 19 DF INJURY EET. FACTORY, OFFICE, FARM ETC.] The deceased from 610 after death. 231, NAME OF C. 4,1985 For	211. HOW INJURY OCCURR 211. LOCATION STREET 19 and that in (m) (our) opinion of PHYSICIAN PHYS	200 AUTOPSY? YES NO CITYOR TOWN CITYOR TOWN TO POSSENT MEDICAL STAFF DIRECTOR PHYSICIA APPLICATION CITYOR TOWN T334 LOCATION CITYOR TOWN	70b. IF YES, WERE IN CERTIFYING CO. YES TO COULT TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T	FINDINGS USED AUSES OF DEATH? NO ART?) ART?) ART? That Dwe) loom the causes stated DATE SIGNED LIZES NRW THE COURSE STATE ART 2)

DHMH - 16 50M 4/83 (VRA 15, 4)

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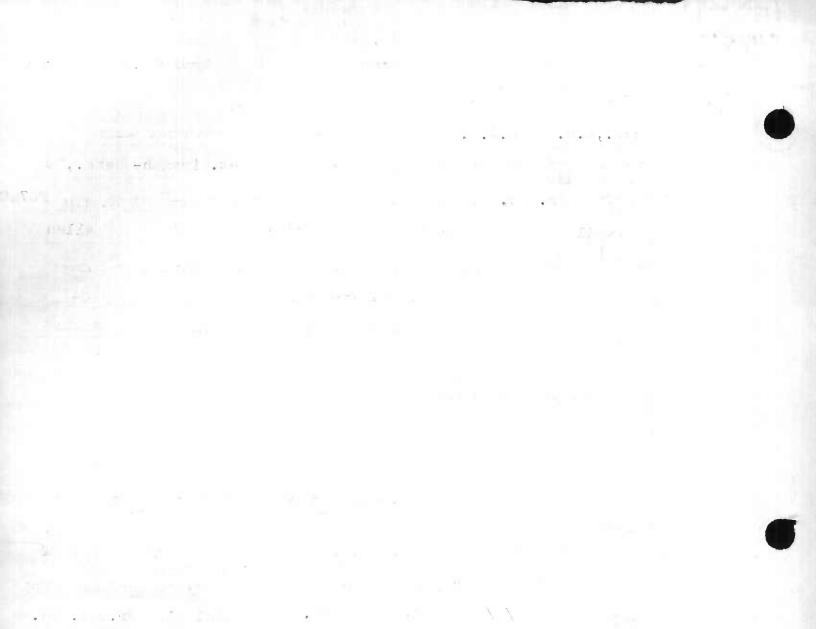
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DIVISION OF VIT

STATE OF MARYLAND

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STATE OF MARYLAND 101119 DEPARTMENT OF HEALTH AND MENT AT HYGIENE FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINTS 185 April 8:45 Matthew John Brady 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH Male White 1896 89 Feb. 7a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Montgomery U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY Borden's LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) Rockville Potomac Valley Nursing Home Milk Company Auto Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS Montgomery Gaithersburg 8721 Lochaven Dr Md. YES X (20879 NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE McGinnis Matthew W Brady Catherine MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 8721 Lochaven Dr.. (YES. NO OR UNKNOWN) 080-07-6828 John M. Brady Gaithersburg.Md. 20879 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: nune IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF noned Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 **IFICATION** 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated above, (H) we) (did not) view the body after death. 226 SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 0 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION ueens 4/1/185 BP Calvary Cemetery N.Y. Buria! New York City Naggau APR 04 GSS 256 REGISTRAR'S SIGNATURE 316 Diamond Ave., DHMH - 16 50M 4/82

Gaithersburg.Md.20877

(VRA 15, 4)

Gartner Sandison F. H.

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STATE OF MARYLAND

1	1-	STATE REGISTRAR		DEFAKIN	CERTIF	ICATE OF DEATH	REG. NO	0.				
2		CEASED NAME FIRST	MIDI	WIDDLE		AST	20. DATE OF DEATH MONTH DAY		Y YEAR 26 HOUR			
1		Or PRINT) Dorothy	Diggett	Diggett		mer	April	6, 198	5	3:30) PM	
1	3. SEX		4. RACE			OF BIRTH	& AGE (IN YEARS LAST BIR	THDAY) IF U	NDER TYEAR	IF UNDER	24 HRS	
	Female		White	White		19, 1904 AR	80	YRS.	THS DAYS	HOURS	MIN.	
1	79/11 IF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				112	
2	F.	lorida	U.S.A	U.S.A.		DIVORCED	Montgomery County MD.				MD.	
7	10 CT	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING				OR OTHER INSTITUTION	176 USUAL OCCUPATION 178 KIND OF BUSINESS OR UTVPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
1	100	thesda	Carriage	Carriage Hill -		nesda	Homemaker Own Home					
5	130 S		UNTY 13	re residence before la. CITY OR TOWN Be the sda	N	13d, INSIDE CITY LIMITS?	4920 Senti	zip CODE nel Dri	ve 2	20816		
1		HER'S NAME FIRST MIDDLE Diggett Jessie N						Nesbi	esbitt LAST			
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUP (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-50-3				Dr. Edgar N. Road. Gaither			OO Esv	worth	У		
			only one cause per lin	e for (a), (b), and	dicil	moad dar ener	Douis Hary	Tana	APPROX	MATE INTER	VAL	
	7	18 CAUSE OF DEATH letter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carculana 9 Doubles							6 mv.			
	100	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE								
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	70h IF YES, W IN CERTIFYIN YES	IG CAUSES		H?	
	0.5350-534	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DA	AY YEAR	21c HOW INJURY OCCURR	turn Calan	RY IN ITEM IS PART	T OR PART 2)			
	MEDICAL	71d INJURY OCCURRED	710 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.)			PIF LOCATION STREET				SI	TATE	
		770 I certify that (I) (this has saw the deceased alive abave, (I) (I) (did) (did) (77b.	on UM.	6 10	-	, 19. 2.7 nd that in (my) (evr) apinion of	death accurred on the de	ate and hour an				
		Allowers Co Staller My), ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							apri	.6,	-48-	
		Thomas L. Hartman, M.D.				270 ADDRESS 3301 New Mexico Avenue, N Washington, D.C. 20016				.W.		
1					NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
		Cremation	4/8/85	Ced	lar Hi	111 Crematory	Süitla	and, Mar	ryland	3 51	TATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

Avenue, N.W., Washington, D.C. 20016

4/8/85

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 9 1985

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STATE OF MARYLAND 102031 DEPARTMENT OF HEALTH AND MENTALYTYGIPNE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH DAY I. DECEASED NAME TYPE OR PRINT Jeanette Sylvia 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 19, 1904 80 Female White May YRS O. BIRTHPLACE | STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) New York WIDOWEDX 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY & Homemaker Own Home USUAL RESIDENCE HE NURSING 130. STATE 131 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Fla. Hallandale 219 NE 14th Ave. Broward YES X NO 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Harry Reiser Annie Sater ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATES! 060-14-1645 Beverly Warran, 4220 Dresden St, Kensington, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 1 weeks IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO [YES | 71m ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART & OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in(my) (aur) apinian death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22¢ ADDRESS 23m. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cremation Cedar Hill Crematory Suitland, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Joseph Gawler's Sons. Inc. DHMH - 16 50M 4/83 5130 Wisconsin Ave, NW, Washington, D.C. 20016 (VRA 15, 4)

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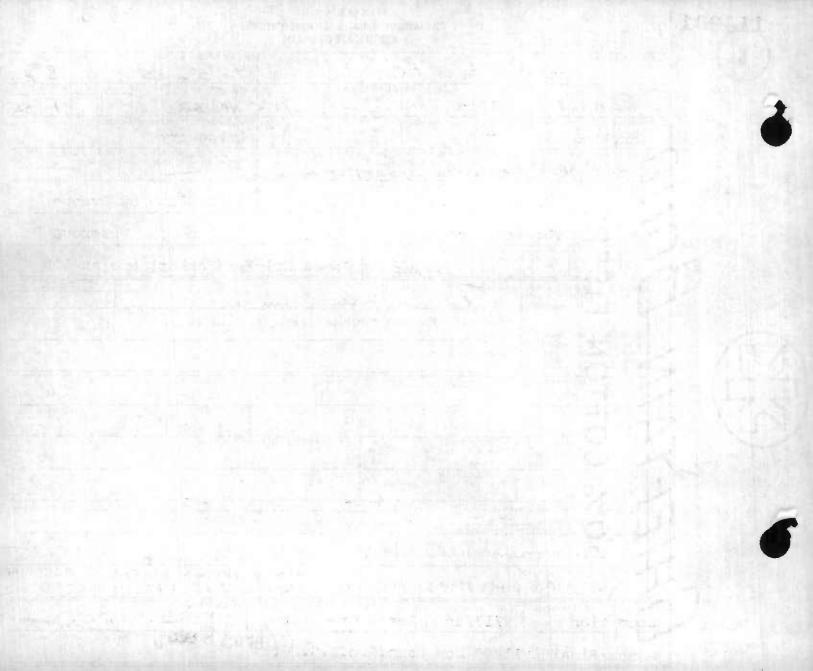
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Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md.

(VRA 15.4)



STATE OF MARYLAND

	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO)	
	CEASED NAME FIRST	M	IDDLE 1	AST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
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3 SE	X	4 RACE	S. DAJE C	OBERAY 13 YEAR	& AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
A	M	IW	XXX	XXX 1908	76	YRS	ATS HOURS MIN.
7a B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF		Н
V:	IRGINIA	USF		DYYY DIVORCED	Monta	meru	MD.
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPARIO		ND OF BUSINESS OR
15	Ilver Sprina	HOLVC	ross Hospita		XXXXXXXXX DE	ALER WA	SH. POST
USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO		IN CITY OF TOWN	134 INSIDE CITY LIMITS?	2401 ECCLE	STON ST.	20902
	ma mo	Macmeru	SILVERXSERING	YES S NO		X7X7X7X7X	787XZXZ
14. F.	ATHER'S NAME	MIDDLE	- tasi	15 MOTHER'S MAIDEN NAM	AE MIDDLE		
A	RUSSELL	S.	BRITTON	JESSIE	Model	WAL	TON
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY NO	17 INFORMANTSON	12201	ACADEMY W	AV
	MAKKAKAKAM	GIVE WAR OR DATES)	578-07-3127				20852
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per l	or to), (b), and			B) AP	SOXWATE INTERVAL
		SED BY:	ispuration	y precessy	Delle-	OK.	4 hrs
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	Conditions, if any, which	((b)_	AS A CONSEQUENCE OF				
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I E					YES TI NOT	IN CERTIFYING CAI	USES OF DEATH?
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	OR CONTRIBUTING CAUSE OF	1					
MEDICAL	214 INJURY OCCURRED	21e PLACE C	F INJURY	211 LOCATION			
×	WHILE NOT WHILE D	(AT HOME STRE	ET FACTORY, OFFICE, FARM ETC)	STREET	CITY OR TOV	vN COUNT	Y STATE
	220 I certify that (1) (this ha	spital) attended the	deceased om	1 100 3	10 4/1	1,85	that (we)lost
	sow the deceased olive	on 4/10	1100	d that in thy (our) opinion o	leath occurred on the do	te and hour and from	
1	obove, (i) (w) (did) did	not) New the body	attyr downh.	DEGREE		22c C	A E SIGNED
	Musay	, L	Outhin	ATTENDING PHYSICIAN	MEDICAL STAF	11	1/85
1	224 PHYSICIAN NAME ITE	OR PRINT)	evyeur	PHYSICIAN 22e ADDRESS	S-CTORL MASIC	2	111
	MYRAN	(.'	LENKIN	2	507 SHORE	SoldIR	1 WHEARING
230	BURIAL, CREMATION, REMOV	AL 23b. DATE		EMETERY OR CREMATORY	23d LOCATION		
230.	(SPECIFY) BURIAL	4/4/8		LAWN CEMETERY	ROCKVILI	E MONT	MY
-	UNERAL DIRECTOR FRAN		LLINS		REC'D. BY REGISTRAR		NATURE
74 5							

DHMH - 16 60M 7/B4 (VRA 15, 4)

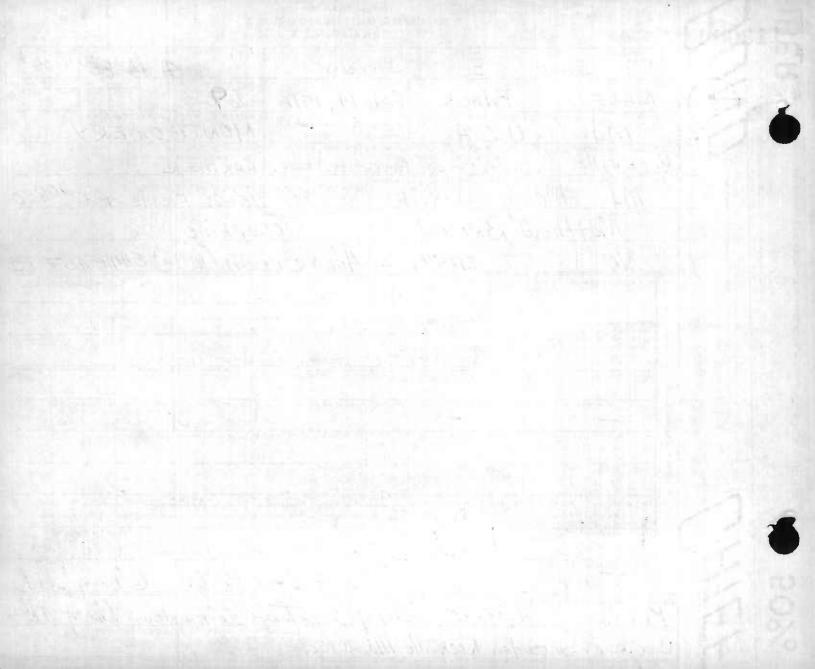
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	STATE OF MARYLAND	
109144	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
103134	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR	26 HOUR
SS SS FE	TAMES D. BROWN DEATH MATED 4 1219 ST	1
A COLOR	3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH DAY YEAR	2d HOUR
225 A	M CAUC 6 5 09 75 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED 4 12 185	1.35
を表す	TO BIRTHPLACE (STATEOR TAX OF COUNTY OF DEATH	1 mm
DE OFF	FOREIGN COUNTRY MARRIED NEVER MARRIED MORTGOMERY WIDOWED DIVORCED MORTGOMERY	metr.
225 S	II. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION 1179F OF WORK 111 N AME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION	MD.
FERENCE	ROCKUINE (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS!) FOR MOST OF WORKING LIFE) ALLANS TOP	
HE NOW	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	ION
AND 3 AND 3 AND 3 AND 3 AND 3 AND 3 AND 3	130. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS	46
	CALIFORNIA LOS ANGELES DUARTE YES NO 1470 SANTO DEMINIONIO	191010
S1.2. S1.2. S1.2. S1.2.	FIRST MIDDLE LAST FIRST MIDDLE	
B ≥ 29 T	MONTROSE M. BROWN CARRIE M. MOYOR	2
H FORM SION OF	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1985. NO. OR UNKNOWN) 118 YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1515 JEFFERSON DATE 161 SOCIAL SECURITY NO. 17. INFORMANT	JIS Hedy.
I DE	NO NONE 1/89-30-0263 DALE BROWN (SON) ARLINGTON, VIRGI	NIA
≥ <u>-</u> 0	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: APPROXIMA BETWEEN ONS	SET AND DEATH
PERM PERM SIENE VAL.	IMMEDIATE CAUSE (0) CHR & ARREST ACC	
フマニン〇	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove rise to immediate PRTERIOSCUMONTE CARDIOVASCUAR DISEASE IND	E.F.
Z S	couse (a) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
ED AS A BURIAL - TRANS HEALTH AND MENTAL H IL, CREMATION, OR REM	1ymg coose lost.	
AAN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)	
ALTH AND M CREMATION,		
E E	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPS	Y?
35	YES 🗆	NO DE
OFF	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OF CLURPED SENTER NATURE OF INJURY IN TERM 18 BART 1 OR BART 1	
E DEPARTMENT OF HEAT		
200	21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211 LOCATION	
21201	WHILE AT WORK AT WORK COLF COURSE MONTGON ERY VILLAGE COLF COUNTY MONTGON ERY VILLAGE COLF COUNTY MONTGON ERY VILLAGE COLF COUNTY	STATE
S -		
4, WITH THE MARYLAND	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion	
H X	death resulted from: Volurol couses . Accident . Suicide . Homicide . Undetermined monner .	
5 × ×	ACTUAL TIVLE (SPECIFY)	1111
AFTER DEATH, WITH BANTIMORE, MARYI	SIGNATURE SIGNED M.D. DEFT MEDICAL EXAMINER SIGNED 1/12	18
WO /	EXAMINER'S NAME FORMERS OF MANUELLE	Yes
THE TOTAL	(TYPE OR PRINT) / TANCE () // HYUB ADDRESS NOW SCOWS ON THE STATES A	111
4 80	230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION CITY OR TOWN COUNTY S	STATE
	CREMATION PPRIC/13/1985 CHAMBERS CLEMATORY RIVERDAGE, P.G.Co., MARYLA	
7	24 FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	
E (5))	CHAMBERS FUNERAL HOME SILVER SPRING MARYLAND 1900	:

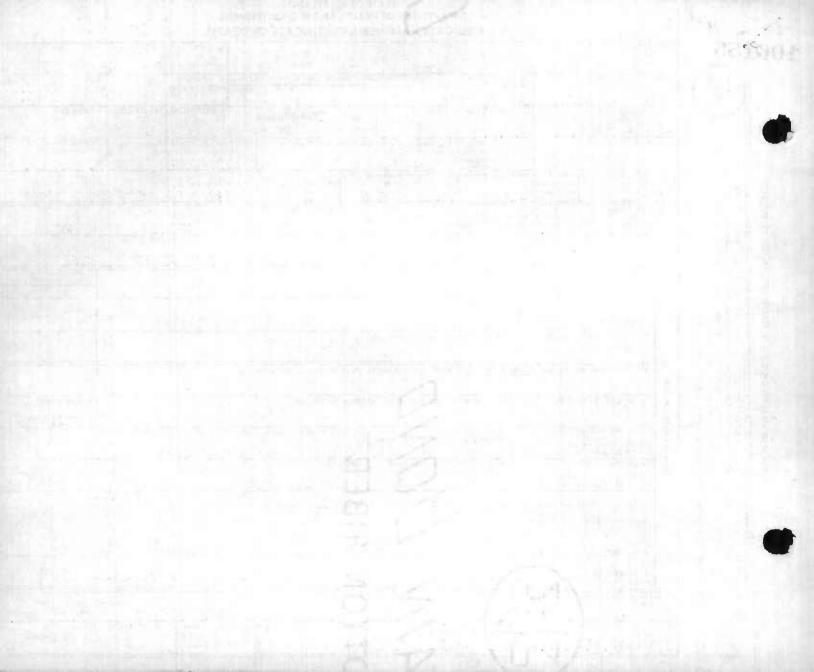
Comments - And Salva Silveria Daniel and a second

113044	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	3 0 1
y be gooth	TYPE	CEASED NAME FIRST		BROWN	20. DATE OF DEATH MONTH	14 85 9:06 A
M + 000 (1)	3. SE	MALE	BIACK	Feb. 14, 1916	6 AGE (IN YEARS LAST BIRTHDAY)	
de oth.		TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNDOWED DIVORCED DIVORCED DIVORCED	MONTGO 120 USUAL OCCUPATION	MERY MD.
201	R	OCKVILLE) AL RESIDENCE IN NURSING HOME OR	SHADY CTROVE	ADVENTIST HOSP.	TYPE OF WORK FOR MOST OF WORKIN	
LAND 21	Da. 5	THER'S NAME	inty. Rockum	1134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C	
E, MARY		Matthe VAS DECEASED EVER IN U.S. AR	MED FORCES? 160 SOCIAL SECU	FIRST JO	Sephine ADDRESS 1	? IAST
BALTIMORE, MARYLAND 2 icote be executed within 24 hr hysicion and completely filled appers. Pages 1 and 2 should be vool. int, the medical examine.		(ES, NO OR WAKHOWN) (IF YES, GIV	stewar OR DATES) 519-444	0514 Anna BR	own (wife)	SAME AS # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0) VCTT	evizo zystole		BETWEEN ONSET AND DEATH
PRESTON ST. he death certif he ottending p emove carbon; mation, ar rem		Conditions, if ony, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUI	my0578012/10	Pretion	
res that the property of the p		underlying couse lost	1 2thiroscler	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir other this certificate has been signly ther this certificate has permit. Then the and Mental Hygiene prior to borked or them 18 staws any injury orked or them 18 staws any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
OF VITAL ICIAN. The perificate bit itel-transit		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)
Opending ter this or sthe burn hand Me	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or RECTOR: Af red for use o ppt. of Health		220.1 certify that (1) this hospi sow the deceaned alive an above (1) (Jernalia) (did no	ottended the deceased from 19 19 11 vice the body offer death.	55, and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
AL O. AL D.		226. SIGNALIME	- I John		MEDICAL STAFF DIRECTOR PHYSICIAN	7 14 85
TO HOSPIT. etoined by should be d with the St		SSS SHAPPICIAN, PARWE IM	Joinsky	19	er Pr. Dr.	6 burg Md
BP	1	HIRIAL, CREMATION, REMOVAL	236. DATE 4-18-85 A	Sbury Cemeler Sbury Cemeler	23d LOCATION AITY OR TOWN OPTIMAL TO	un thonty Mill.
DHMH - 16 50M 4/83 (VRA 15, 4)	G	eorge R. Sno	Wden RockVIII	e, Md. 208581 PR	RE REC'D. BY REGISTRAR 256. RE	MINAN MANAGER



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 106155 DECEASED NAME 20. DATE KNOWN XX MONTH 75 HOUR (TYPE OR PRINT) OF ESTI-William Elton 19 85 Brown DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 85 DEAD WHITE MALE TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY) WASHINGTON. D. C WIDOWED [DIVORCED Montgomery County, 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Suburban Hospital Bethesda DISPATCHER WASH, GAS CO USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MONTGOMERY MARYLAND SILVER SPRING NO [11200 LOCKWOOD DRIVE 20901 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME T. PAGES 1 AND 2 DIVISION OF WIA MIDDLE FIRST LAST BROWN GEORGE BROWN EVA HULIEN 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 577-03-6677 YES WW II MARY BROWN SAME AS 13 WIFE 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CATE, WRITING I'M. CHI FORWARDED TO THE CHI YESX NO [DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR MONTH DAY YEAR 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR 1:25 M. CONTRIBUTING CAUSE OF DEATH 19 85 pedestrian struck by truck 21e PLACE OF INJURY II. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARYDAND, 212014 STREET, FACTORY, FARM, ETC.) WHILE AT WORK Wisconsin & South Park, Chevy Chase, Montgonroad ery Co., Ma. Autopsy XX 22a I certify that I took charge of the remains described above, held on Inspection Accident XX death resulted from: Undetermined manner Notural couses Suicide TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 4-5-85 Dennis F. Smyth, M.D. EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE FRANCIS J. COLLINS SILVER BURIA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

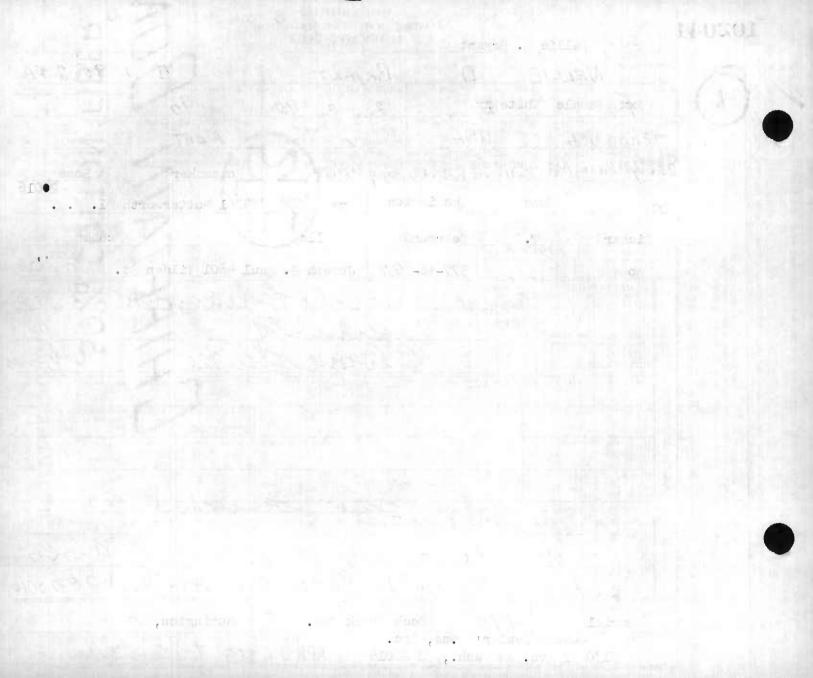


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1-	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARY OF HEALTH AN RTIFICATE O	MENTAL HYG	IENE REG. N	13	0 3	
	CEASED NAME FIRST	MID	DLE	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR D		
TYPE	HAYS RI	TTENHOUSI	E BROWNING	Sr.		APRIL 27	1985		7:30 M
3 SE	× MALE	A RACE CAUCAS:			YEAR	6. AGE (IN YEARS LAST BIF	RTHDAY) IF UI	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7	NEW YORK	TE CITIZEN OF WE	STATES M		R MARRIED DIVORCED	9 BALTIMORE CITY O	OR COUNTY OF		MD.
1	BETHESDA	NAVAT.	SPITAL, NURSING HE ACILITY, GIVE STREET ADDRESTREET AD	55)	ISTITUTION	(TYPE OF WORK FOR MOST OF RETIRED OF	OF WORKING LIFE)	NDUSTRY	NAVY
1	AL RESIDENCE (IF NURS - HOMFOR STATE - BOUN		VE RESIDENCE BEFORE ADMI SE CITY OR TOWN WASHINGTON	DC YES K	CITY LIMITS?	13e STREET ADDRESS 2101 CONN	ZIP CODE NET ICUT	AVE N	W 20008
1/1	ATHER'S NAME JOHN SCOTT BROW	NING	LAST		R'S MAIDEN NAA LZABETH	HAYS		LAST	
4	WAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES GIV YES 1938	E WAR OR DATES)	579-52-826			RCHISON BRO			
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	D DV	e for (a), (b), and (c) ESPIRATORY		NW WASHI	NGTON DC 20	0008	APPROXIV BETWEEN C	MATE INTERVAL ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse to , stating the underlying cause last	DUE TO, OR A	ULMONARY F	OF	ED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	
CERTIFICATION	190 DATE OF OPERATION 196. CON		IDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{VES} \) NO \(\text{VES} \)			OF DEATH?
00.	216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	MONTH DAY	YEAR	INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART :	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY OFFICE FARM E	211 LOCA STR		CITY OR TO	NWO	COUNTY	STATE
	22a. I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did no					to APRIL 3			that (I) (we) last causes stated
	Brew (7)	LA		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	CIAN		11.85
	B. L. FLAX, L			NATI	^{ESS} NAVAL ONAL CAP	HOSPITAL, N	NAVAL ME		
	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	236 DATE 4/30/1	985 Ceda	r Hill C	R CREMATORY rematory	23d LOCATION CITY OF TOWN Suitland	d Maryl	and	STATE
24 FL	UNERAL DIRECTOR JOS 5130 Wisc. Ave		er's Sons Wash., DC.		NAY	REC'D. BY REGISTRAR	100	SSIGNATI	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH YEAR 25 HOUR AGE (IN YEARS LAST BIRTHDAY) DAY BALTIMORE CITY OR COUNTY OF DEATH CTYPE OF WORK FOR MOST OF WORKING LIFE? 13e STREET ADDRESS / ZIP CODE 4404 FAROE PLACE 20853 CLARK 9650 COVERED WAGON DR. LAUREL. MD. 20707 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY CITY OR TOWN

ond that in (my) Low opinion death accurred on the date and hour and from the causes stated

FECT ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

BRADLEY BUULEVARD BETHESDA

PARKLAWN CEMETERY

24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV BLVD . W. SILVER SPRING MD.

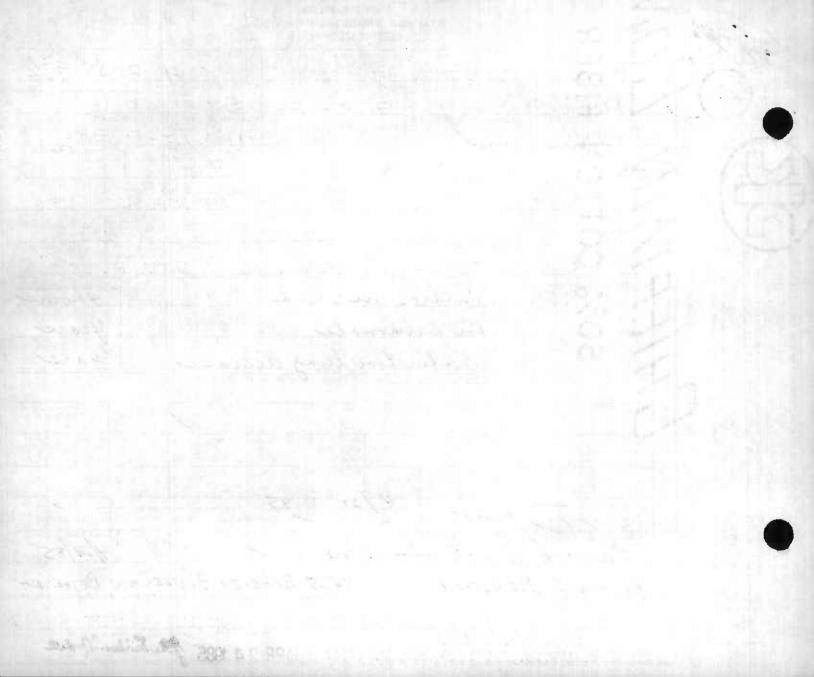
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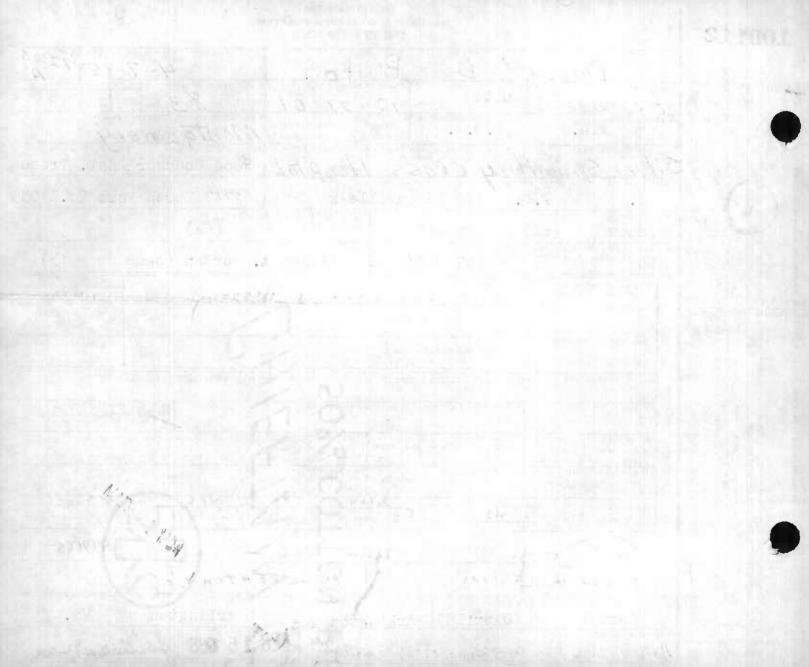
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09	1 -	FOR STATE REGISTRAR		DEPAI	RTMENT OF I	E OF MARYLAND EALTH AND MENTAL H EICATE OF DEATH	YGIENE REG. 1	1 3	08	
		EASED NAME FIRST DR PRINT) Malie	Mar i e	D.	ν	Leton	20. DATE OF DEATH	MONTH DAY		10 AM
3	SEX	Female	CAUC	asian)	5. DATE			2 YRS	ONTHS DATS	IF UNDER 24 HRS HOURS MIN.
1	C	STATE OR FOREIGN	U.	S.A.	WIDOW		Montgo	mery	F DEATH	MD.
Ł	01	OR TOWN OF DEATH	(IF NOT IN SI	OCH FACILITY, GIVE STR	PROVE	Walsing Ho	12d USUAL OCCUPA (TYPE OF WORK FOR MOST Homemake	OF WORKING LIFE)	12b. KIND OF I	BUSINESS OR
1	3a. S	0.0.	E OR OTHER INSTITUTIO DUNTY	N. GIVE RESIDENCE BEI Washi	ngton	134. INSIDE CITY LIMITS	2901 CON	necticu	t Avenu	0008 N.W.
1		THER'S NAME Jame's M	axwell	Dûr	ant	Mary	Justin Justin		Wilson	1
3 "		AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	578-34		Durant Burt	Son, 187			
	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAT	(b)_ DUE TO, (c)_ HT CONDITIONS	CONTRIBUTING T	O DEATH BUT				O	and
4	CERTIFICATION	19a DATE OF OPERATION			CH OPERATIO	N WAS PERFORMED	YES NOV	IN CERTIFYII YES		OF DEATH?
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CAUSE OF AT WORK NOT WHITE AT WORK 22a 1 certify that (1) (this has sow the deceased office of the cool of	DEATH HOUR AND PLACE (AT HOME. S	P.M. E OF INJURY STREET, FACTORY, OFFICE The deceased from	19 CE, FARM, ETC.)	211 LOCATION STREET 19 Indication (my) (my) (point) DEGREE		OWN 19 dote and hour a	COUNTY	
2	3a. B	URIAL, CREMATION, REMOVE	MARI	85 12	R NAME OF Cedar	PHYSICIAN PHYSIC	MEDICAL ST. DIRECTOR PHYS Y 23d LOCATION ON STATE OF THE	or. O	l l l	STATE
		NERA Joseph Gaw.	Ler's Son	ns, Inc.	, 5130					RE

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	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL
TATE	CENTIFICATE OF DEATH

HYGIENE CERTIFICATE OF DEATH

, 1						REG N	J.	
		CEASED NAME FIRST	MIDDLE	1	CANY	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	3. SE)	13ER	NARP 1	I CHALL	CADY F BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR	R IIF UNDER 24 HRS
,	4	M	CAUC	MONTH		1 1	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY	R COUNTY OF DEATH	
		SHINGTON, D.C.	AZU	WIDOWE	DIVORCED	Mon	TGOMERY	MD
		OT LUEB OPPAN	(IF NOT IN SUCH FACILITY, O	GIVE STREET ADORESS)	R OTHER INSTITUTION		F WORKING LIFE) INDUSTRY	
1	USUA		OTHER INSTITUTION GIVE RESIDE	WOOD COUR			-11)	R. UNIV.
1				CLPHI	YES XX NO _	9203 NEW		VENUE
1	14 FA	ATHER'S NAME		LAST	15 MOTHER'S MAIDEN NA	AME		AST
0	Tar V	MICHAEL WAS DECEASED EVER IN U.S. AR	CAT	IAL SECURITY NO	IRENE M. (0.4007 174.00%	JACOBS	Te
6	(A		E WAR OR DATES)	19 18892	+ DALVATTE	CADY-HARRING	LOCUTIVE	10-11
		IS CAUSE OF DEATH (Enter or	nly ane cause per line for to	ub, and (c)	a) NO MIC	7	APPRO BETWEEN	IXIMATE 20904
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	-HVCE	R MOTA	STATIC		MO
	101		DUE TO, OR AS A CO	NEQUENCE OF	3.0 C.		1 AT 1 1 A 7	1 04
		Canditians, if any, which gove rise to immediate cause (a), stating the	(b)	GASII	cic CAN	1CEAC		140
		underlying couse last	DUE TO, OR AS A CO	ONSEQUENCE OF				
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	10
5	ATIO	198 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
/	CERTIFICATION					YES NO	IN CERTIFYING CAUSE YES	
		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211 LOCATION			
	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR		STREET	CITY OR TO	WN COUNTY	STATE
		22a 1 certify that (1) (thu hour			119 1955		12/ 1985	that (I) (Ne) last
H	133	sow the deceased a winner above, (1) (May (did)	view the body ofter deat		d that in (my) (but opinion	death accurred on the do		
,		226. SIGNATURE	a Ti	6 lotes	ATTENDING	MEDICAL STAF	F LL	E SIGNED / LT
-		274 PHYSICIAN'S NAME ITHE	a ready	10000	22e ADDRESS	DIRECTOR PHYSIC	IAN	(21/01
		FRAN	1. /UB	LIN	SILVER SPR	ING. MARYLAN	D	
	(BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY INCOLN	BRENTWOOD	PRT GE	A STATE
		URTAL UNERAL DIRECTOR FOAM	4/24/85 CIS J. COLLI		Z50 DA		25b REGISTIAR'S SIGNA	MD.
	500	NAME FRAN			2 7	R 24 1985	The Davidson	Manage

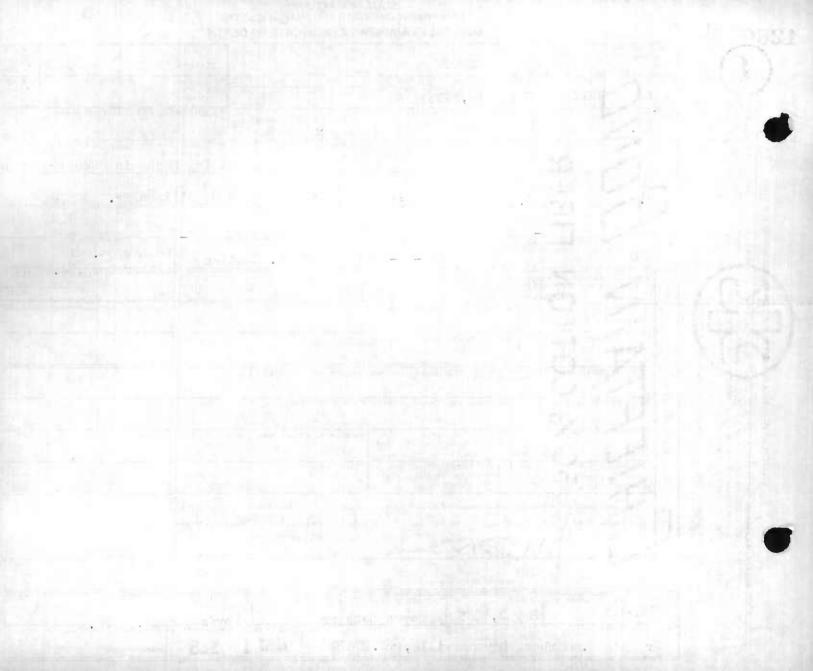
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 126076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME TYPE OF PRINT SCOTT DEATH MATED WILLIAM CANTLER 4 RACE DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. HE UNDER 24 HRS 2c DATE 24 HOUR LAST BIRTHDAY PRONOUNCED MALE WHITE JULY 16,1935 49 YRS DEAD 19 85 6A M TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED X DIVORCED Montgomery County

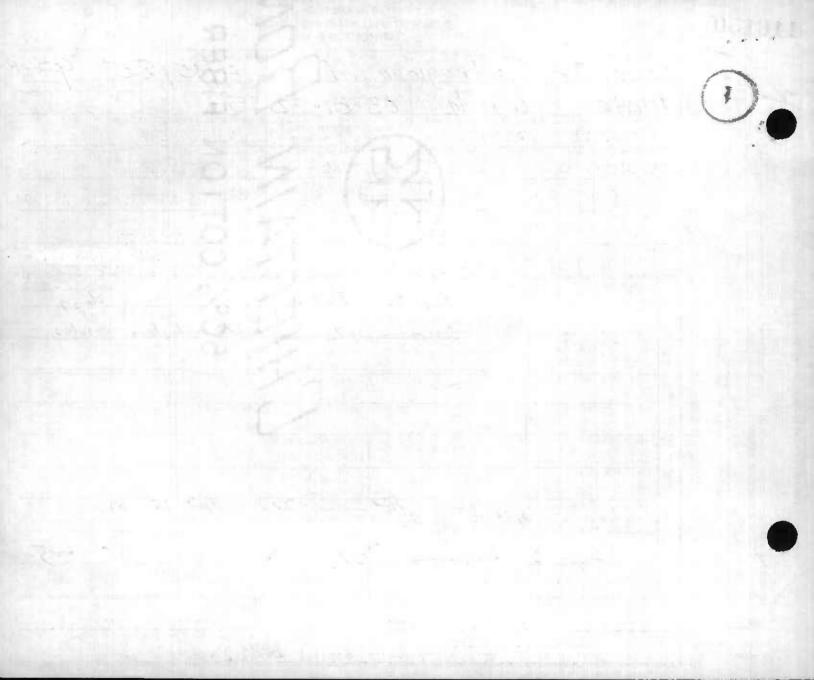
120. USUAL OCCUPATION (TYPE OF WORK 125 KIND OF BUSINESS II CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Heating Mechanic | County School Suburban Hospital Bethesda USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 113b COUNTY 134 INSIDE CITY LIMITS? 134 STREET ADDRESS 13c CITY OR TOWN NO [] 1220 Allison Dr. 20850 Md Mont Rockville 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE FIRST DELMAR. CANTLER ELIZABETH THOMPSON MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS I YES, NO OR UNKNOWN) 206 Lee St. #1 217-30-7941 Sonia C. Cantler Gaithersburg, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Corrosive (acid) ingestion with complications DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO DEPARTMENT OF PRIOR TO BU 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH P.M. 4-22-1985 Subject ingested acid. 214 INJURY OCCURRED THE PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNRAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALJIMORE, MARYLAND, 2120 bus depot Mont. Co. School Bus Depot Montgomery MD Autopsy K 220 I certify that I took charge of the remains described above, held on and in my apinion Suicide X death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE M DASSISTANT MEDICAL EXAMINER 4-30-85 SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) O N N O 23a BURIAL, CREMATION, REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial May 2,1985 Boyds Cemetery 07/84 Boyds 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Francis H. Barber Laytonsville, Md.20879 1985 - was recovery projude (VR A15 ME (5))



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EALTIMORE, MARYLAND 21201 cote be executed within a grammative deoth. Page 4 may be spision and campletely fill a grammative funeral director, page 3 appers. Pages 1 and 2 shains British within 72 hours ofter death wol. 11, the medical exemiting many many many many and of backs.	3. SE 70. BI 10. C 14. C 130. S	RIHPLACE (STATE OR FOREIGN) COUNTRY) TY OR TOWN OF DEATH KOMA PARK	76 CITIZEN OF WHAT CO	S. DATE (MONTH SUNTRY? 8. MARRIE WIDOWE , NURSING HOME C GIVE STREET ADDRESS) ATT VENT	-27-34 NEVER MARRIED	6. AGE (IN YEARS LAST BIR 6. AGE (IN YEARS LAST BIR 7. BALTIMORE CITY O 178. USUAL OCCUPATI (179E OF WORK FOR MOST O APPRA) 5: E 130. STREET ADDRESS 132. NAV	MONTH OAY YEA 10 8 IF UNDER 1Y WONTHS D. YRS. 126 KIN WORKING LIFE INDUS ZIP CODE	MD. MD OF BUSINESS OR
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

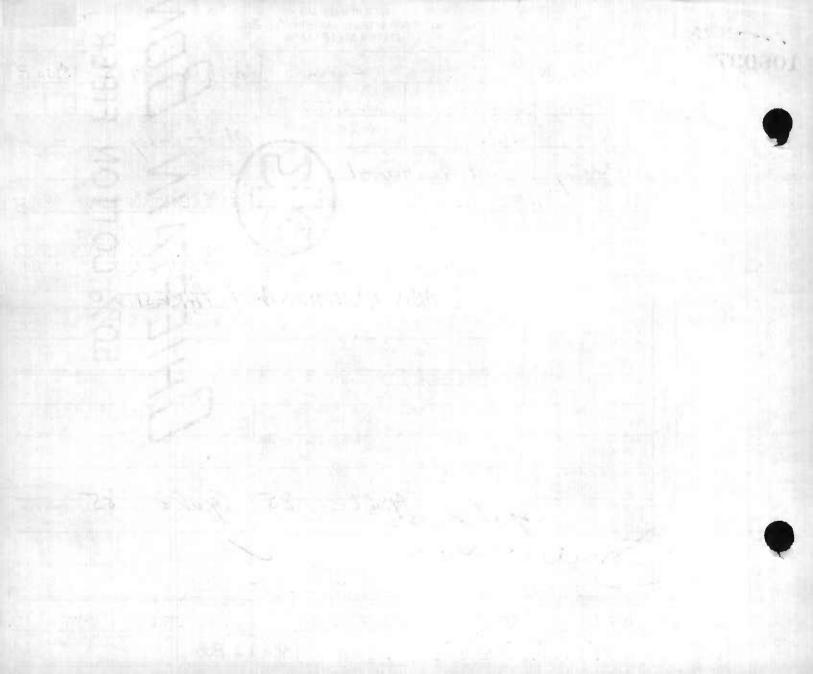
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	JOSEPH		R.	CATON		KATHR	YN			GORMAN	
	WAS DECEASED E		MED FORCES?	166 SOCIAL SECU		17 INFORMANT N	IECE	142ADERE	SGREE	N VALLE	Y CIRCLE
	NO OR UNKNOW!	(4 105, 01	- WAR ON OATES!	577-16-4	527	EILEEN DA	ALTON	NEWARK	, DEL	AWARE	19711
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IMBORTANT: If them 21 is marked or the

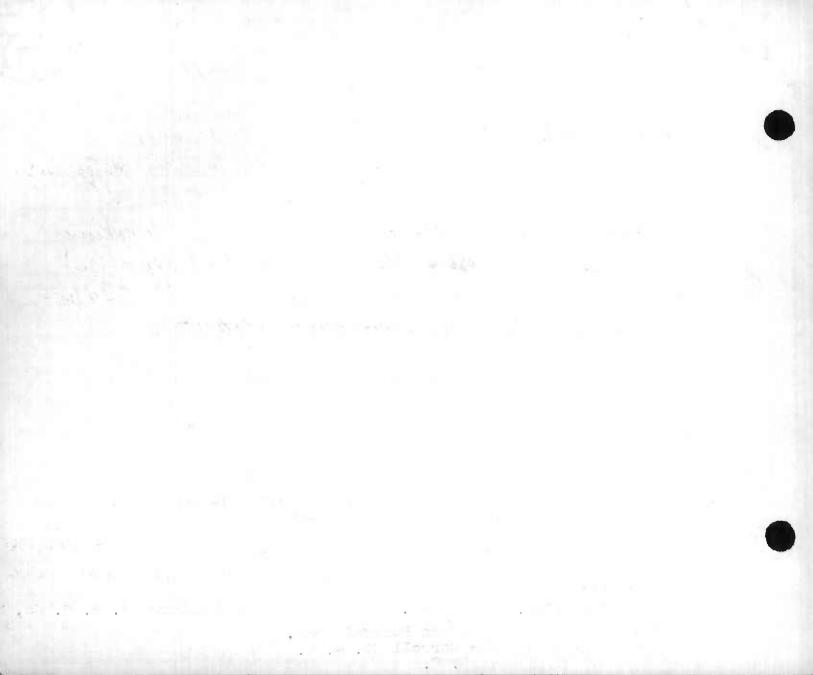


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STATE OF MARYLAND

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John S. Hogorn, M. D.

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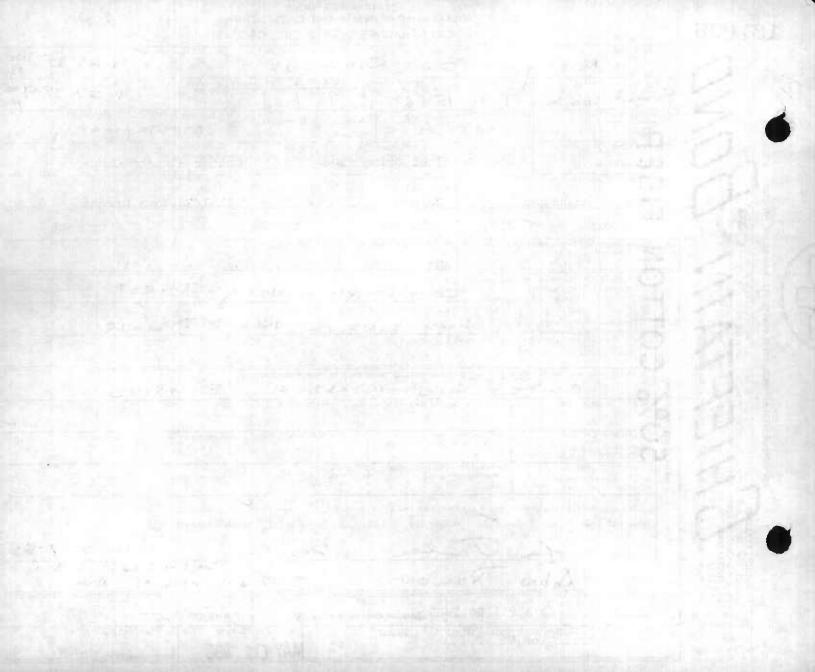
Silver Spring, Montgemery, Mu.

				STATE OF MARYLAND		
	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6	1 8
1061495		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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offer d with	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	ACCOUNTING	126 KIND OF BUSINESS OR
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and c		VAS DECEASED EVER IN U.S. A	CIVE WAR OR DATECT		ADDRESS	
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∑ 6 ⊢ 2 × ₹	23a	BURIAL, CREMATION, REMOVA	ADI	NAME OF CEMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	COUNTY STATE
BP		SPECIFY Burial	11, 1985 A	rlington Nationa	al Arlington,	Virginia
DHMH - 16 50M 4/83	24 F	JNERAL DIRECTOROBET	rt A. Pumphrey	Funeral 250 DA	TE REC'D. BY REGISTRAR 256. REGISTR	
(VRA 15, 4)	Н	omes, P.A. B	Bethesda, Mary	land 20814 APR	1 1 1985	
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099171	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL PRY CERTIFICATE OF DEATH	GIEN?	1819
y be oge 3 deoth	1. DECEASED NAME EIRST (LYPE OR PRINT) REBECCA	MIDDLE	AYMAN	20. DATE OF DEATH	MONTH DAY YEAR 78. HOUR 10:15 MM
ge 4 mo	Female	White	S. DATE OF BIRTH Sept. 25, 1894	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
leoth. Pour	70. BIRTHPLACE (STATE OR EOREGN COUNTRY) Belfast, Ireland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED NORCED	MONT GO	
October 1997	BETHELDA, Md	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A SUBURBAN		12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Homemaker	
fill mustbe		ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY ROCKVILL		13. STREET ADDRESS /	ZIP CODE OSE Road (20852)
ompletely ond 2 sk	14 FATHER'S NAME Dov Baer	Edelste:		a MIDDLE	Chalfon
on and co	160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GN	MED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 577-36-23		Clayman; 4920	Sentinel Dr.;Betheso
not the deoth certificate by the ottending physic sse remove carbanoope i, cremotion, or removal other froumatic event, th		DUE TO, OR AS A CONSEQUE	roummany a	nest mis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH O MANA 3 days
he low requires the on. hos been signed permit. Then plee tene prior to burio owesony injury, or	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	<u>EATH</u> BUT NOT RELATED TO THE TERMONED	MINAL DISEASE OR CONE 200 AUTOPSY? YES \(\text{YES} \(\text{NO} \)	OITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \text{\til\text{\
TENDING PHYSICIAN: Tipital or ottending physicial CIOR. After this certificate for use as the buriol-transit of Health and Membel Hyg. 21 is marked or them 18 sh	WHILE NOT WHILE A WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE! WHILE NOTIFY MEDICAL EXAMINE: WHILE NOTIFY MEDICAL EXAMINE: WHILE NOTIFY MEDICAL EXAMINE: WHILE NOTIFY MEDICAL EXAMINE:	ATH P.M. The PLACE OF INJURY (AJ HOME STREET, FACTOR), OFFICE FA	Y YEAR 19 2H LOCATION NIMET 19 3 3- 19 85	CITY OR TO	
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the State Dept IMPORTANT: if tem	224 PHYSICAN'S NAME (1946) 230 BURIAL, CREMATION, REMOVAL BUT 1/a 1	2 Goldberg 1236 DATE 1236	TI ADDRESS	123d LOCATION	ke, fockulle, Md
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR DANZA	4/2/85 Ad NSKY-GOLDBERG MEN iko-Rockrillo Mo	ORIAL CHAPELS 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

1022000		CTATE			tem23			MENT C	FHEAL		MEN				1	8 2	2 0		
127036	1. DE	REGISTRAR CEASED NAME OR PRINT)	E	85 rj	a	MEI	MIDDLE PO	EXAM		LAST				DATE	REG. KNOWN ESTI		H DAY	YEAR 85	21 HOUS
A HEASE NAME FILES 72 HOURS N STREET	3 SEX	male	L RACI	ate	DATE O	F BIRTH DAY	YEAR 15	6. AGE (H	YEARS IF	UNDER 1	YR. IF I	UNDER 2			NCED	MONT	DAY	19 35	ZI HOU
PRESSOR NECESSAR NECE	FQ	RTHPLACE (S REIGH COUNTRY) Lowa	TATE OR		Unit	ced S	tate	S	8 MA WIDS	RRIED C) 0	IVORCE		BALTIA	ORE CIT	Y OR COU	NTY OF E		W
PELAY IS TO THE P BE FILLD OS: YOU V		Betheso	la		1	0 Se	ntin	el Dr	ive	#304	TITUTIO	Ν				ing C			SINESS
TO THE PARTY OF TH	13a S	AL RESIDENCE TATE LOWA ATHER'S NAM		Dubu	TY	TUTION, GN	13c. CITY	OR TOW	4	YES	Δ	40 🔲		01/2		wa St	reet	44	
	1	Pete	er	IN U.S. AR	MED FORCE	5?		1emen				erth	A NAME	A	ADDRE		Born	back	
S AFTER GIVE PI ITH FOR PAGES NYSION	(Y	IS CAUSE (OWN)	N/A	WAR OR DATES	5)	483	09 9		De	lore	es Do	owns	sa	me a	s #11	T A	PPROXIMATE	INTERVAL
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E EXECT NOTING: SEDICAL NOTING: SEDICAL NOTING: SEDICAL NOTING AND A BURK NUTH AND THE AND THE AND THE SERVATE	NO	PART 2 OTNER S	IGNIFICANT	CONDITIONS	CONTRIBUTING	TO OEATH I	_	3100 THE						130	ced	1100	٠.		
VITAL BE SHOULD VITOR HE SURPAL	CERTIFICATION	19a DATE O						WHICH O										YES	, NO 🖪
DIVISION OF VI HIS CERTHICATE S WRITING THE WO COET S SHOULD BE VIE DEPARTMENT (201 PRICE TO BU	MEDICAL CE	21d EXTERN UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK		OR CAUSE OF I ED	DEATH 21e	P.M PLACE C	MONTH	DAY Y 19 (AT HOMI TC.)	EAR	LOCATIO STREET		CCURRE	(ENTER NA	CITY OR TO	4	A 18 PART 1 OF	COUNTY		STATE
EXAMINEE: TO ECERTIFICATE. VOLD BE FORW. VOLD BE FORW. IV. WITH THE ST. MARPITAND, 2.		death resul	ted from		e of the ren	noins desc	Accident		n Au Suicide		lomicide			Inquiry mined m		and in my	re 4	-27	-85
MEDICAL RECUTE THE NGE 4 SHO S FUNERAL NUMBER	1	SIGNATURE EXAMINER'S (TYPE OR PR	NAME INT)		N	7.	au	per		ADDRE	. 33	218	MEDIA.	ALEXA	The VS	>80	NED V	nd e	
100 BP 99	(;	URIAL, CREMA SPECIFY) burial			Apri		1985		00d	or crea	ery-			uque	, Io	wa EGISTRAR'	OUNTY		ATE
(VR A15 ME (5))	24	UNERAL DIRE	Ar	lingt	on, Va	ADUZEZ.	201 ^{a1}	HOINE	:5		.MA	AY O	1 19	85	10-	Davida	10	dall	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1	8	2

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

		REGISTRAR			CERTIF	ICATE OF DEAT	H	RE	G NO		
		CEASED NAME OR PRINT)	Allen	Thomas	1	CLEMENT, JR		April	2l1, 1	985	26 HOUR 8:00 A M
	3 SEX	Male	4 RACE Whi	te	S DATE O	ril 13, 19		72	ST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN,
9	N	RTHPLACE (STATE OR COUNTRY) IEW YORK TY OR TOWN OF DEA	τ	EN OF WHAT COUNTRY? J.S.A. ME OF HOSPITAL, NURSIN	WIDOWE	- Marie - Mari	ED 🗆	Mont SUBLICE MONT	gomery	County	MD.
	1	arksburg		1400 Frederic		ad			AOST OF WORKING	GLIFE) INDUSTRY	ming
5	Ma	ryland	Montgone	TY Clarksbur		13d INSIDE CITY LIA		STREET ADDR	ess / zip co F reder	ick Rd.,	20871
0	1	THER'S NAME FIRST Allen	Thomas	7			ssie	MIDI		Saxe	st
1		VAS DECEASED EVER	1943-194			25400 Fre	Mrs ederic	• Steph k Road	anie J Clarks	burg, Md	. 2 08 71
		PART I. DEATH W Conditions, if ony gave rise to imicause (a), statium underlying couse	VAS CAUSED BY: IMMEDIATE CAUSE DUE , which mediate mg the DUE	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	NCE OF	rest itie Pardi	o Jos	cular f	neas	BETWEEN	imaté interval Onsét and déath
2	CERTIFICATION	PART 2 OTHER SIGN		ONS CONTRIBUTING TO E	nest	1 () used	se	200 AUTOPSY?	20b. IF	GIVEN IN PART TO	NGS USED
9	MEDICAL CERT	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED 21d. INJURY OCCUR	CAUSE OF DEATH HC	TIME OF INJURY DUR A.M. MONTH DA P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE, F.	19	211 LOCATION STREET	OCCURRED	ENTER NATURE O			STATE
		22a. certify that (I) sow the deceas		e bady after death.		DEGREE ATTENI	DING A	AEDICAL	STAFF		
1		22d PHYSICIAN'S N Dr. Be		Thomas, Jr.	MD	22e ADDRESS		rket St		derick.	Md. 2170
1		URIAL, CREMATION,		ATE 23c N	IAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION			

106 East Church St., Frederick, Md. 21701

BP.

TO FUNERAL DIRECTOR: After

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burnal-transit permit. Then please remove carbanappes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

IMPORTANT. If hem 21 is marked or hem 18 sh

Office and object of the first transfer of the first of t March 25 Person y a mark The distribution of the state o the control of the co The Part of the Pa

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After

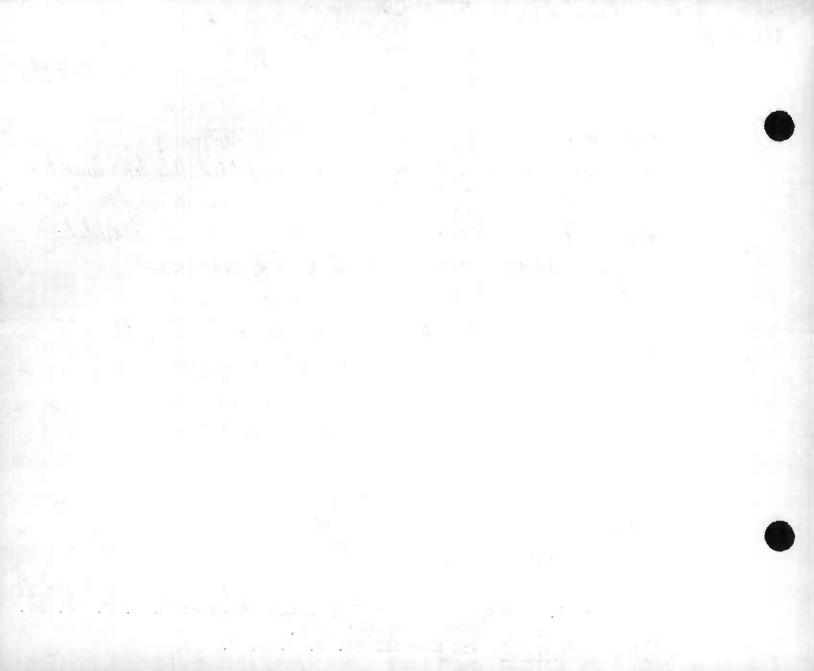
BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

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200000		KEOGIKA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

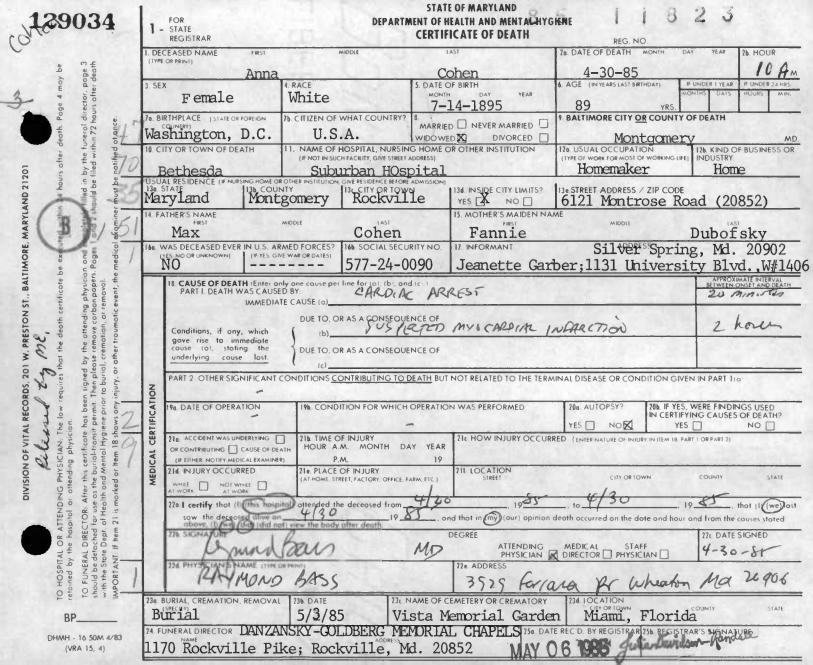
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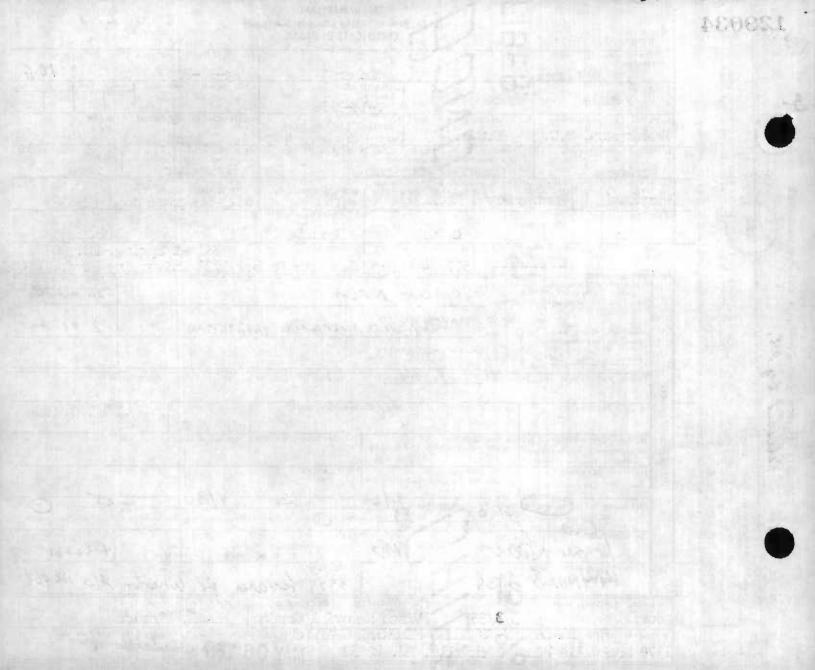
1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME: FIRST	MIDDLE	EAST	26 DATE OF DEATH MONTH DAY YEAR 26 HOUR	مے
-	John	ω. :	Coffman	4 13 85 42	PN
1.56	X	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR		MIN.
_	Male	White	2 4 0		
7	COMPLETE STATEMENT	TE CITIZEN OF WHAT COUNTRY	MARRIED A NEVER MARRIED	111. —	
1/4	W OR TOWN OF DEATH	1) NAME OF HOSPITAL NURS	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	The state of the s	ME
		(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	itys bywga fognostpj wgaradiffii INDUSTRY	-
USU	Koma Park AL RESIDENCE (16 NURSING HOME OF			Mil peure un procesument	-
Mo. S	STATE 136. COUNT	A 34	What Isd Inside CITY LIMI		11:
14. F4	THER'S NAME	11.	15 MOTHER'S MAIDE	EN NAME	-
1	John It	poffina	w. ann	N ANDRE Standel	,
	AS DECEASED EVER IN U.S. ARA	MED FORCES? 161 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
	yeu WW	#2. 212-10	6-4804 bellevik	boffman (12e)	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b),	ond (c).)	APPROXIMATE INTERV BETWEEN ONSET AND D	AL DEATH
		E CAUSE (0) CLOUT	Cardio Dull	una, aner	
		DUE TO, OR AS A CONSEC	DUENCEOF	Alice of repair	
	Conditions, if any, which gove rise to immediate	(b) 10000	in acut 1	Wyocaren Mycart	
	cause (a), stating the underlying cause last.	DUE TO, OR AS ACONSEC	DUENCE OF		
		((c) E 11(DX	RIM Tremes. IC	e cuena cupo 100	
NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING IT	O DEATH BUT NOT RETAILED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART TION	
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED	
TE				YES VES NO	
CER	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)	
CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	In I	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN COUNTY STA	ATE
<	AT WORK AT WORK			11.206	
	22a.1 certify that (1) this hospita	ol) attended the deceased from		to <u>C1-13-81</u> , 19, that (1) (w	
	saw the deceased alive on_ above, (1) (we) (did) (did not			pinion death occurred on the date and hour and from the causes stat	led
	MAR SIGNATURE	a Oel	DEGREE ATTENDI	ING _ MEDICAL _ STAFF _ U-(2-8	5
1 18	27d. PHYSICIAN'S NAME (TYPEOR	PRINT	226 ADDRESS	IAN DIRECTOR PHYSICIAN	
	Flor 000 1 R	roughly TY	11120 N	en Hannaline Carl Sheeful	41
23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMAT		15.2
1	Burial.	4/17/85 G	eorge Washingt	on riggs and P. co. Gr. Co. sl	, DIX
24	ONE SANDINECTOR N	Takoma		50 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
1	Without In II	1 / 254 Ca	rroll St. N. W	ALIPA CHOOK Contide Produce.	



MERICAN CANCER SOCIETY CANCER PREVENTION STUDY II	Division No.	Unit No.	Group No.
REPORT OF DEATH	10	001	015
A PROPERTY OF BEATH	Researcher No.	Family No.	Person No.
CPS II	011	02	1
Name: Coffman Jast Name	John	W.	
		First Name	
Address: 74/2 Birc.	h Ave		
Date of Death: 4/13/85			
Place of Death: Washington Ad	ventist Ho.	sp. Takom	a Park MD
If hóspital, give na	me of hospital	City	State
County of Death:			
For Use of Health Department Only:	Comments:		
Death Certificate Number Volume Certificate Certificate			







DHMH - 16 60M 7/84 (VRA 15, 4)

119135

FOR - STATE REGISTRAR

(TYPE OR PRINT)

3. SEX

Male

Olney

NÖ

Maryland

14 FATHER'S NAME

David

underlying

160 WAS DECEASED EVER IN U.S.

Conditions, if ony, which gove rise to immediate couse tol, stating

couse

210. ACCIDENT WAS UNDERLYING

230 BURIAL, CREMATION, REMOVAL

PART I. DEATH WAS CAUSED BY

DECEASED NAME

To BIRTHPLACE ISTATE OR FOREIGN

Pennsylvania

HERBERT

4 RACE

Montgomery

H.

ARMED FORCES?

White

U.S.A.

STATE OF MARYLAND	bere
DEPARTMENT OF HEALTH AND MENTAL TYG	IEN
CERTIFICATE OF DEATH	

20. DATE OF DEATH 26 HOUR COHEN APRIL 16. 1985 5:00P 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 17, 1924 FAR 61 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County, INDUSTRY Monitor Drive Distributor Food Company 17301 Monitor Drive (20832) Olney 15 MOTHER'S MAIDEN NAME Cohen Levin Clara 166 SOCIAL SECURITY NO 17 INFORMANT 20832 579-18-7179 Ruth C. Cohen; 17301 Monitor Drive; Olney, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic METASTATIC A DENO CARCIDONA DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DINGS USED ES OF DEATH?

PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN PART
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINE

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM ETC ! 220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

KENNETH GOLDSTEIN, M.D.

23c. NAME OF CEMETERY OR CREMATORY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

STATE

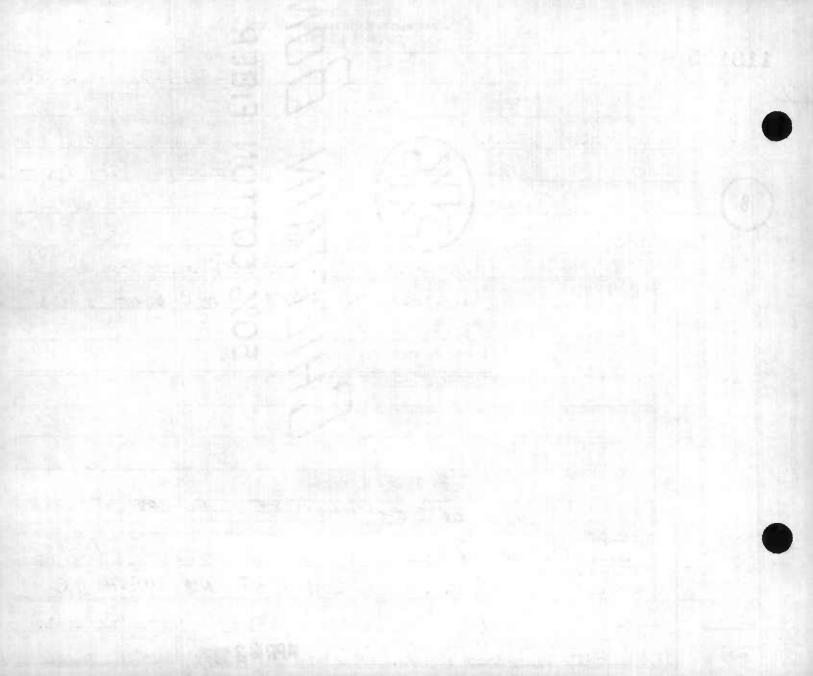
Buria1 4/18/85 King David Memorial Gtn; Falls Church; Fairfax; Va.

74 FUNERAL DIRECTOR DANZANSKY-COLDBERG DEMONTAL CHAPELS

1170 Rockville Pike: Rockville, Md. 20852

236 DATE

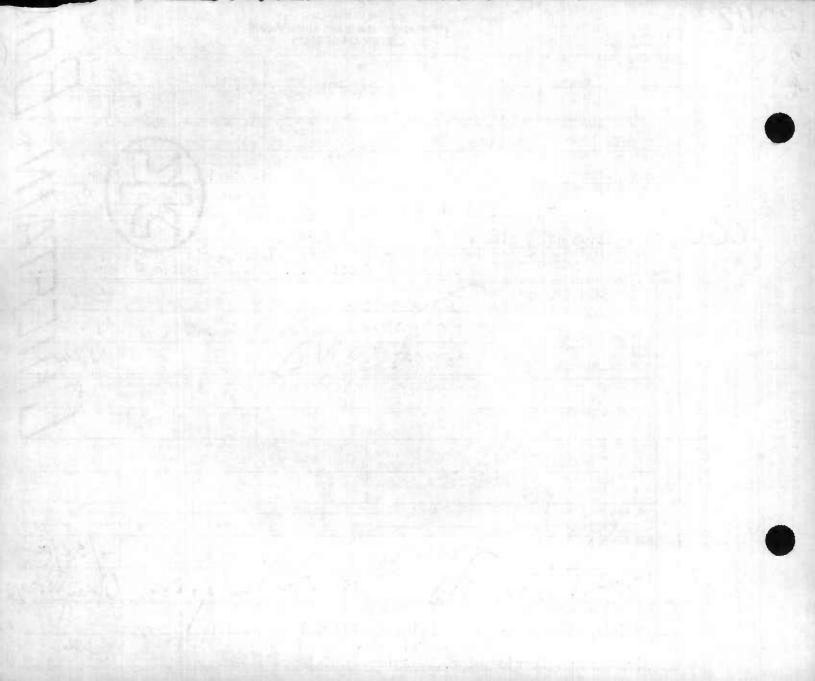
216. TIME OF INJURY

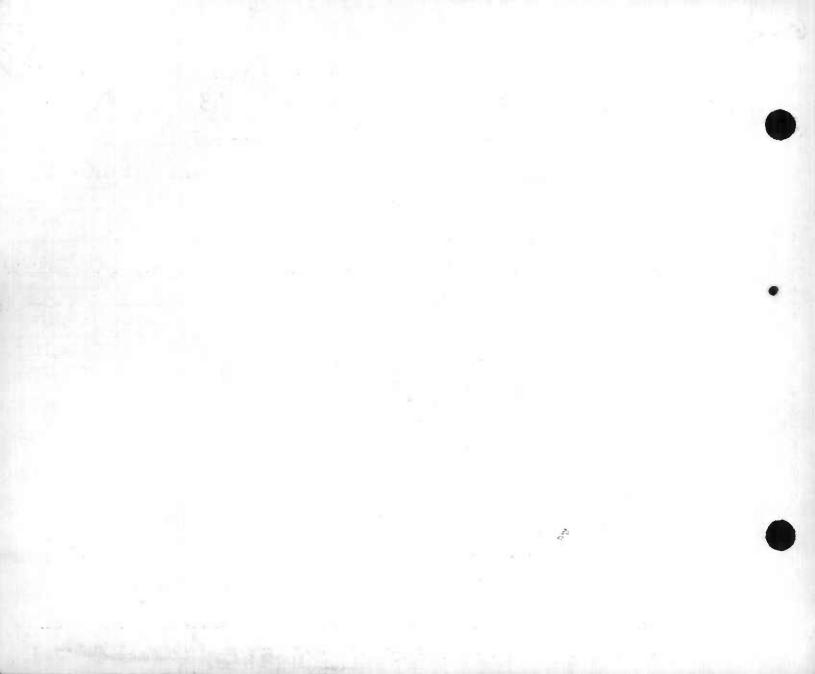


McGuire Funeral Service, Inc., Washington, DC

(VRA 15, 4)

STATE OF MARYLAND





FOR - STATE

STATE OF MARYLAND
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME 26 HOUR TYPE OR PRINTE John · OBFRT RACE MONTH DATS HOUR! YEAR 14 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XXIEVER MARRIED VIRGINIA WIDOWED DIVORCED MONTGOMERV & CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SILVER SPRING HOLY CROSS HOSPITAL <u>ELECTRONICS ENGINEER</u> SUAL RES HOME OR OTHER INSTITUTION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MONTGOMERY MARYLAND WHEATON 2005 HERMITAGE AVENUE 20902 NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE WILLTAM COLLINS MARGARET McLAUGHI IN ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) YES WW SARAH M. COLLINS SAME AS 13 577-18-6378 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY neumonie IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Coronery 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC I NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, Aprid 1985 saw the deceased alive on, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Geographe. S. Wer Spring 10313 LINCOLN 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) MD. BURTAL

DHMH - 16 60M 7/84

FUNER!

ould b IMPORT

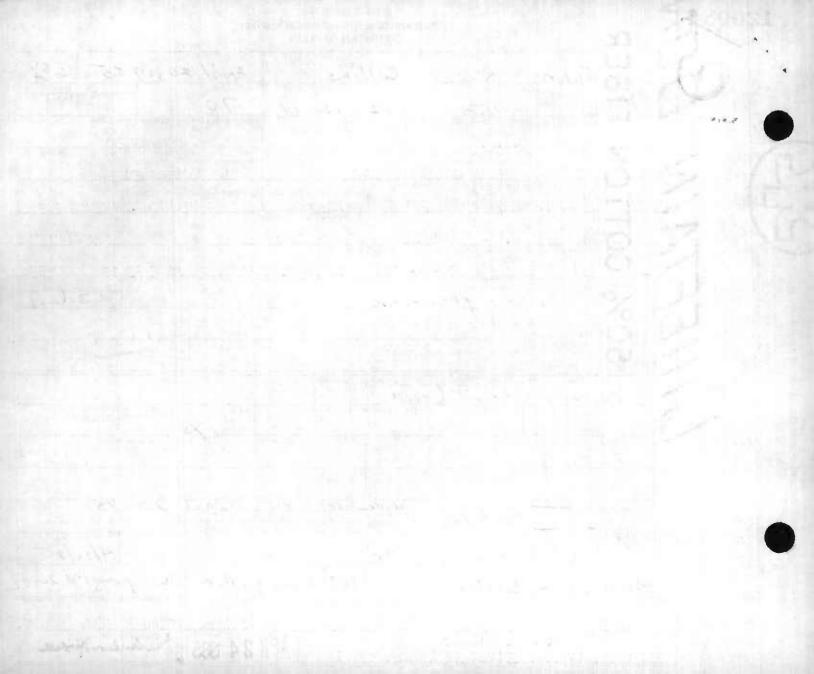
Sh w

FRANCIS J. COLLINS (VRA 15, 4) 500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

GATE OF HEAVEN

STILVER SPRING

MONT



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.		
00	1. DECEASED NAME (TYPE OR PRINT)	FIRST		G.		LLINS			MONTH DA	YEAR	26 HOUR 10:20PM
	3. SEX	4	RACE	0.2050	S. DATE C			E (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS
-	FEMALE	30	WHITE		OCTO:	BER 28,1907	4	80	YRS.	ONTHS DAYS	HOURS MIN.
7	70. BIRTHPLACE (STATE OR COUNTRY) SOUTH CAROL	INA	U.S.A		WIDOWE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MONTGO)F DEATH	MD.
	ROCKVILLE		10424	ROCKVIL	LE PI	OR OTHER INSTITUTION	N 12a (EACHER OCCUPAT	OF WORKING (IFE)	126. KIND OF	F BUSINESS OR
1	MARYLAND		OMERY	ROCKVIL	ADMISSION)	13d. INSIDE CITY LIMI YES NO	TS? 13e S	O424 ROC	KVILLE	PIKE	20852
3	14. FATHER'S NAME FIRST ALLEN		RMAN	COLL	INS	15 MOTHER'S MAIDE ROWEN	A	MIDDLE		VEREÊ	N
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMI		247-44-1		MARY BAKE		/	S CHOI		20879 THERSBURG
	18 CAUSE OF DEAT PART I. DEATH W	H Enter only AS CAUSED		line far (o), (b)	spir	atory a	u	_	21/	STWEET ONST AND DEATH	
	Conditions, if any, gave rise to improve cause (a), statin	, which	DUE 10, OR	AS A CONSEQUE	reu	ionitos	es.			4	mour.
	PART 2 OTHER SIGN		(c)	Car	cen		JERMINAL I	TE OP CON	DITION GIVE	J. DA OT Jus	Mon
2	190 DATE OF OPERA. 210. ACCIDENT WAS UND	190 DATE OF OPERATION 196. COND			OPERATIO	N WAS PERFORMED	YE	AUTOPSY?	IN CEPHIFY!		OF DEATH?
		CAUSE OF DEATH	HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRED (NTER NATURE OF INJU	RY IN ITEM 18 PAR	I I OR PART 2)	
	21d INJURY OCCUR	URRED 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)				211 LOCATION STREET CITY OR TOWN				COUNTY	STATE
	22a I certify that (I) sow the decease above, (I) (we) (c	ed olive on	4	119/ 19	£5. or	nd that in (my) (our) ap	75 , to pinian death	accurred on the d	ote and hour o	and from the c	that (I) (we) lost couses stated
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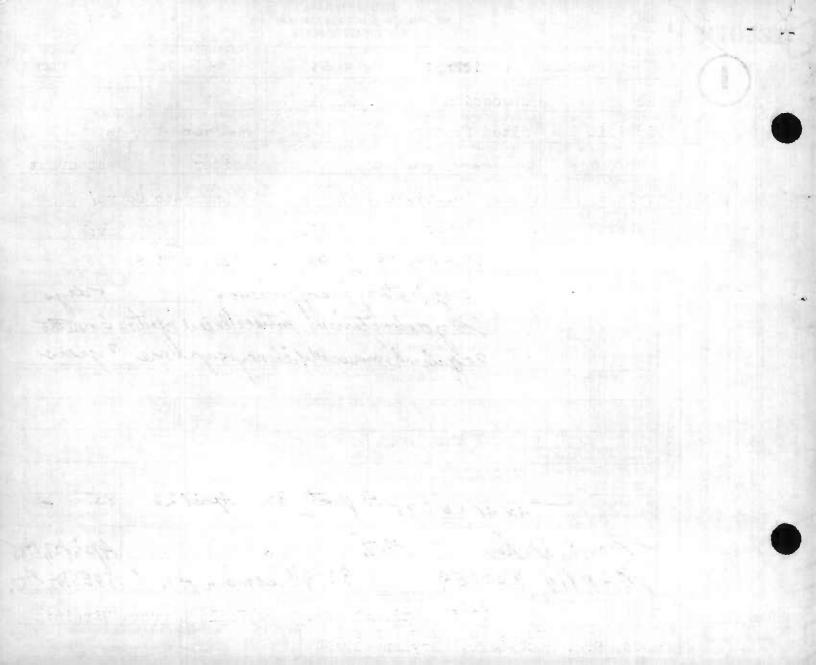
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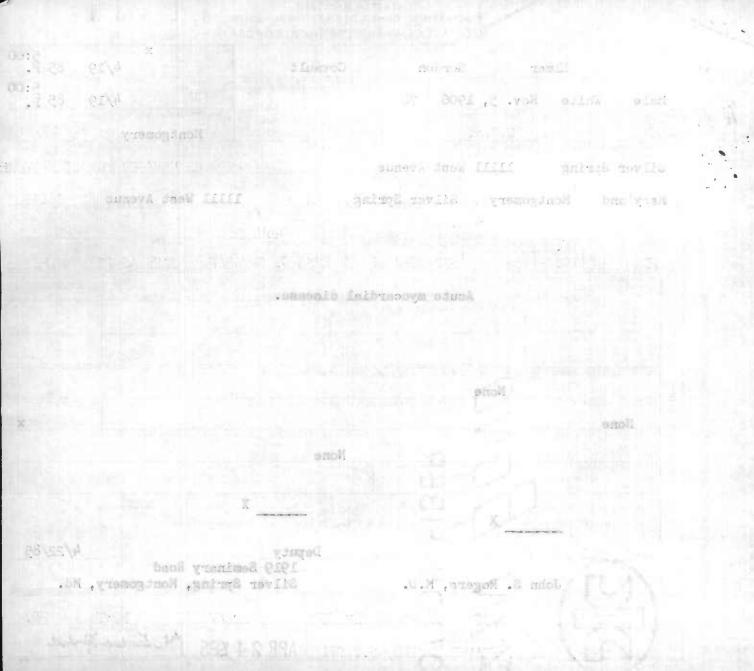
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIPNE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT Patrick Richard Conaghan 3:59 S DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) 3. SEX 4 RACE Feb. 6, 1896 Male White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ESTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Mississippi Montgomery WIDOWEDIA DIVORCED [IR. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Retired Traffic Agent Railroad Rockville HADILGRIVE ADVENTIS 43II Holly Ridge Road 20853 Montgomery Maryland Rockville 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Elizabeth Bernard Conaghan Maher Potemac, Md. 20854 17 INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? John B. Conaghan 10800 Cripplegate Rd. 703-16-1935 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ABDOMINAL ADRIC ANDRISM - ENPIRE to hour IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ATHEROXLEROTIC CARDIOUSCIEN DISEASE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Renal Failure CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION **71d INJURY OCCURRED** 71e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from and that in (my) our) opinion death accurred on the date and haur and from the causes stated the body after death. DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be a 77e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Arlington National Cemeter Varow Arlington Virginia State ²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 133™ Rockville Pike, Rockville, Maryland 20852 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 MAY 3 Markeydon Bando 82 (VRA 15, 4)

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tor page 3 offer death		CEASED NAME FIRST MIDDLE OR PRINT) A. RACE J. DATE OF BIRTH MODITH JONITH JONITH	PUNDER I YEAR BUNDER 24 HRS
ofter death. Page the funeral direct d within 72 hours	MEC	YRS. 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTRY WIDO WED DIVORCED MONTH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LITTLE OF WORK FOR MOST	MD.
MARYLAND 2120	M	AL RESIDENCE (IF NURSING FOR OTHER IN: TILLION GIVE RESIDENCE BEFORE ADMISSION) STATE ATTERIST NAME FIRST MIDDLE	KLKILL RD.
ALTIMORE,		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 IMFORMANT ADDRESS VES NO OR LINKNOWN) (IF VES, GIVE WAR OR DATES) 218-20-0636 Peggy Prather (doughter) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	202 Martins Le ROCKVIlle Ind. APPROXIMATE INTERVAL BETYGEN ONSET AND DEATH
res that the death certificated by the attending phypics remove corban puriol, cremotion, or removy, or other froumatic ever	7	PART 1. DEATH WAS CAUSED BY: DIE TO, OR AS A CONSEQUENCE OF gos is to immediate couse (a), stating the underlying couse lost DIE TO, OR AS A CONSEQUENCE OF gos immediate couse (b), aspiration of gos immediate couse (c), stating the underlying couse lost DIE TO, OR AS A CONSEQUENCE OF (c)	2/ days 21 days
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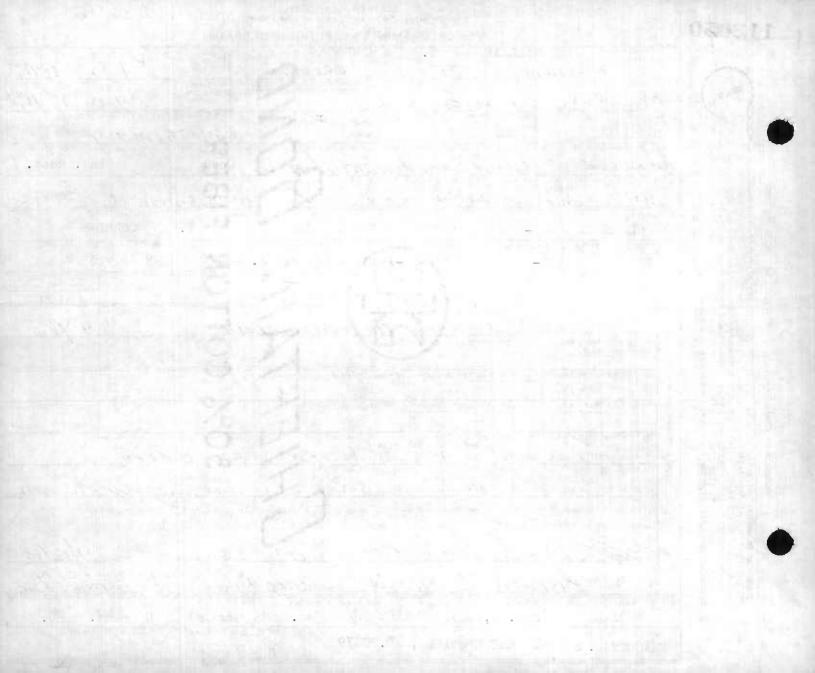
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ge 4 mo ector, po is ofter o	3. SE	× Female	White	Sept. 29, DAY 1897	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
resol dir 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	United States	MARRIED NEVER MARRIED		OF DEATH MD.
() 90	Ke	nsington	Randolph Hill	Ls Nursing Home	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Author	12b. KIND OF BUSINESS OR INDUSTRY Publishing
office of the state of the stat	Ma		OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 136. CITY OR TEGOMETY Kensin	ngton YES NO [9903 Thornwood	20895 Rd LAST
e executed w		William WAS DECEASED EVER IN U.S. A YES. NO OR UNKNOWN) (IF YES.	- Fry	Myrtle SECURITY NO. 17 INFORMANT 6-4733 Patricia S	ADDRESS	Bear
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DHMH - 16 50M 4/B2 (VRA 15, 4)	Wa.	shington, D.C.	Sons Co. 300 20002	Fourth St. NE AP	R 22 1985 Sullianda	RAR'S SIGNATURE

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the anthony on D.C. State Co.

STATE OF MARYLAND REGISTRAR REG. NO I. DECEASED NAME WILLIAM **CROWN** KNOWN (TYPE OR PRINT) ESTI-CROWN DEATH MATED WILLIAM DATE LAST BIRTHDAYS PRONOUNCED DEAD 20 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MARYLAND DIVORCED MONTGOMBR WIDOWED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK IND OF BUSINESS FOR MOST OF WORKING LIFE) Club. Rest. UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY MITS? 13e STREET ADDRESS 20877 YAITHERS RUR YES IN NO 1402 DOGWOOD 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME HELEN COLLINS C ROWN CLARENCE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) SAME AS #13 YES 1953-1961 DELORIS J. CROWN 217-28-7938 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which HRTERIOSCUEROSIS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICAN) CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g AH 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULU LE DEPARTMENT C YES [] NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AME MONTH DAY YEAR OR COLLAPSED CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE NOT WHILE AT WORK Home TAFI PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Autopsy Hotural causes Hamicide Undetermined manner EXAMINER'S NAME 23¢. NAME OF CEMETERY OR BURIAL GATTHERSBURG APR. 16, 1985 FOREST CAK Cem. MONT. MD. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** FRANCIS H. BARBER LATTONSVILLE, MD. 20879 (VR A15 ME (5))



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ofter death. Paged in the funeral direct within 72 hau	New	Hämpshire	USA I. NAME OF HOSPITAL, NI JE NOT INSUCH FACILITY, GIVE WASHINGTON A	MARRIE WIDOWE	OR OTHER INSTITUTION	9 BALTIMORE CITY OR MONT 90: 12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF) NONE	mery	MD D OF BUSINESS OR RY
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death certificate be otherwise physician contending physician convex carbanpapers. Pration, or removal.		18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate	war or Dates) A 212-7 Not r one cause per line for (a), (I BY: CAUSE (a) DUE TO, OR AS A CONS (b)	6-9087 1e D), and (c)) EQUENCE OF	Jean Pincus Carein	-Friend-(sa	ame as 13e	ROXIMATE INTERVAL EEN ONSET AND DEATH
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OR ATTENDING PHYSICIAN: The low e hospital ar attending physician. DIRECTOR: After this certificate has be used for use as the burial-transit permit Dept. of Health and Mental Hygeree prifitem 21 is marked or Item. 8 shows an	MEDICAL CER	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK 22e L certify the 11 his hospite	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM ETC)	211. LOCATION STREET 19 4 that in fine (aur) apinion	city or tow	ON COUNTY	STATE , that (I) [see] last
TO HOSPITAL OR A TO FUNERAL DIRE Should be detached with the Store Dept IMPORTANT: if Her	22- (224 PHYSICIAN NAME WAY ON	D leibour &	mo	ATTENDING PHYSICIAN [220 ADDRESS 11/20 Mely EMETERY OR CREMATORY	MARTICAL STAFF DOIRECTOR PHYSICIA Man share B 1230 LOCATION		Harisment 1 Pago
BP	2,34. (Burial	May 3, 1985		on National	Arlington	COUNTY	Virgini:

DHMH - 16 50M 4/83 (VRA 15, 4)

Hines/Rinaldi Funeral Home 14800 N.H. Ave., S.S. Md.

Virginia 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



Homes, P.A. Bethesda, Maryland 20814

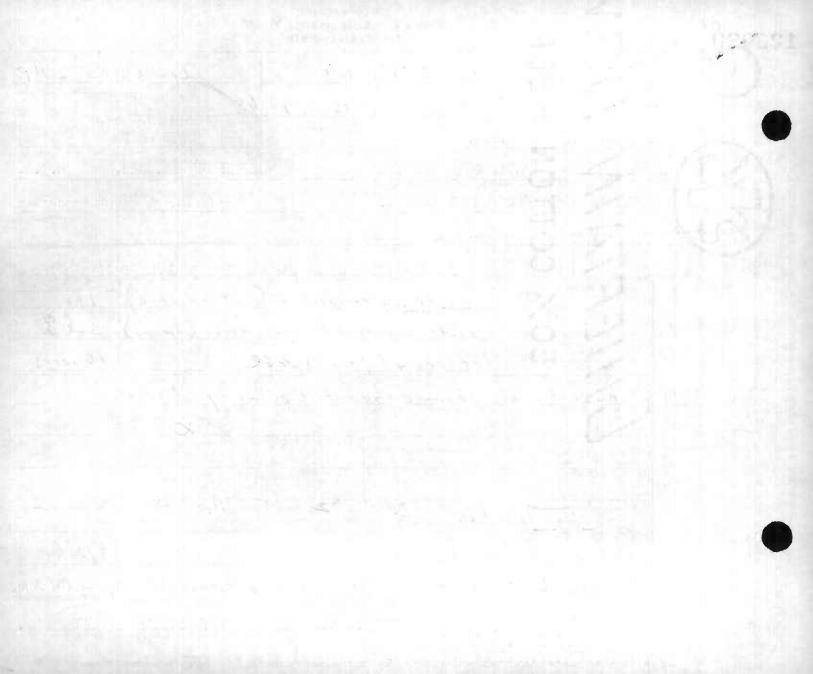
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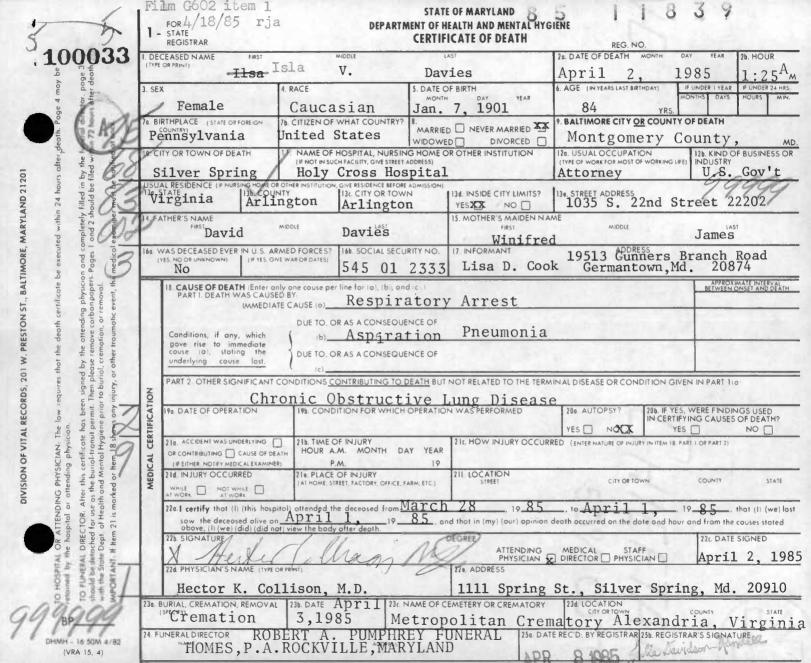
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FOR

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MYGIENE

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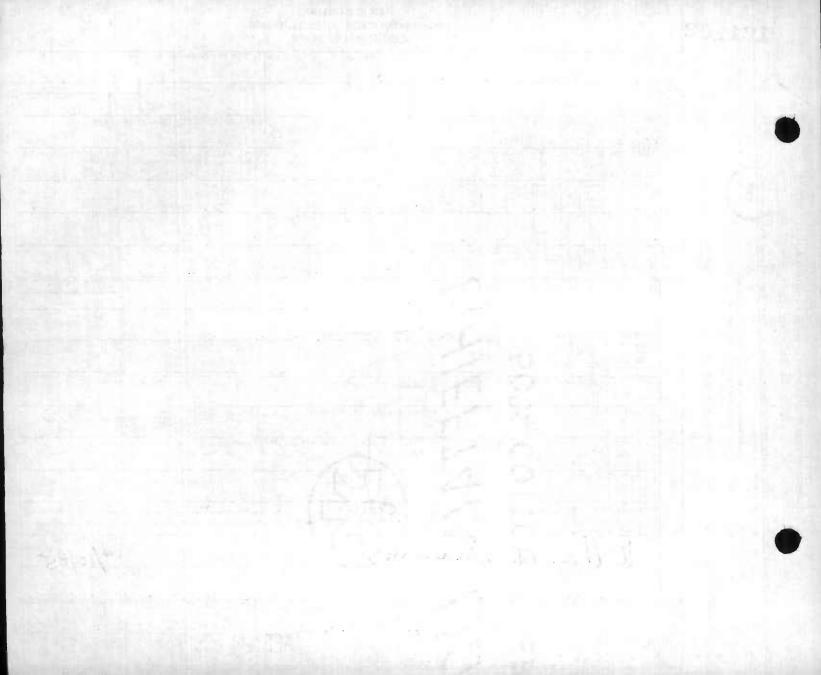
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TO FUNCEAL DIRECTOR. After this certificate has been signed by the attending physician and o should be detached for use as the functionating permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

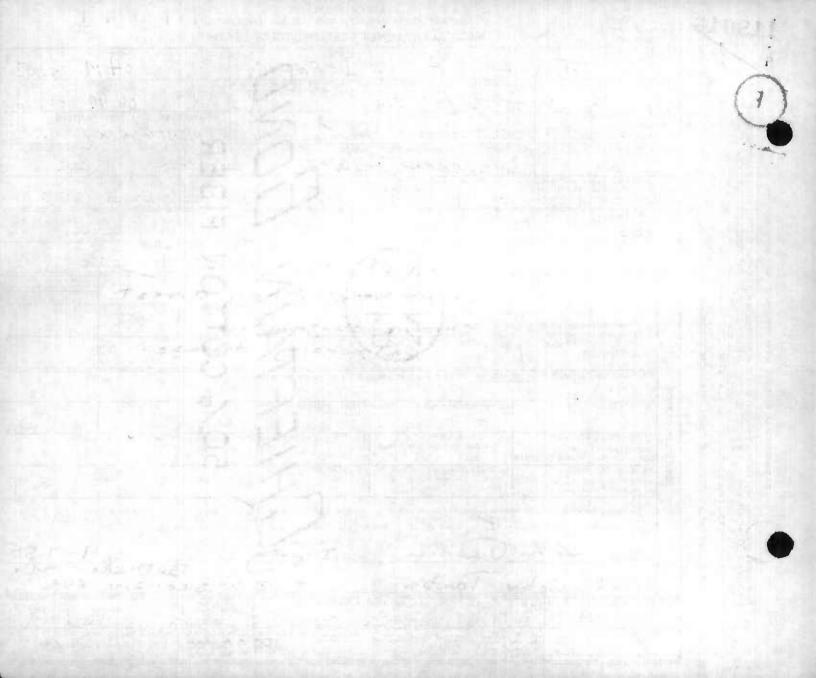
ATTENDING PHYSICIAN, The low

DIVISION OF VITAL RECORDS, 301 W. PRESTON 51., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

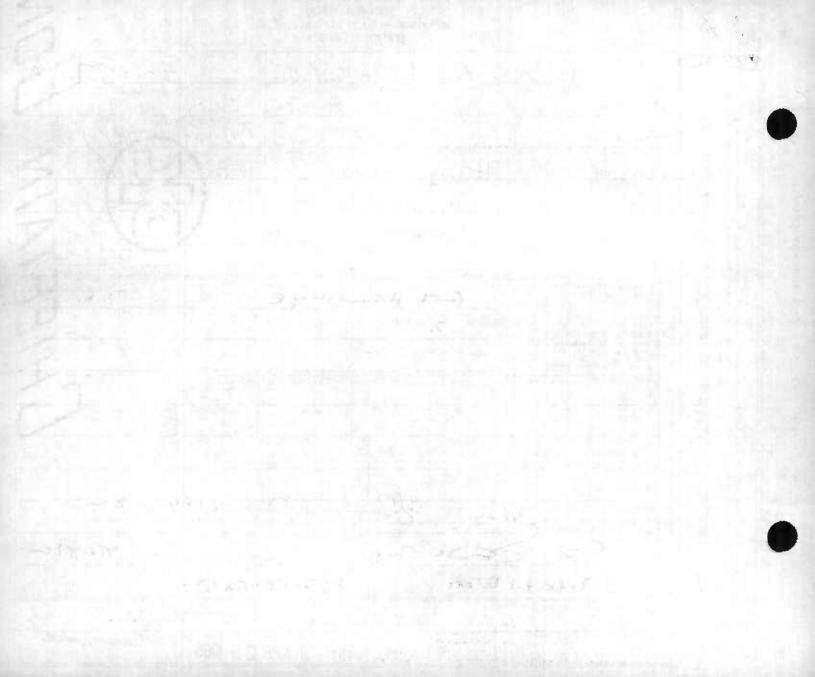
CERTIFICATE OF DEATH

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9		CEASED NAME	FIRST P. 18.1	^	MIDDLE	hei	A MAIS	117		MONTH DAY	1-85 2k	12 13 P M
	3. SE)	Jemale		CAUCA		5. DATE C		AR	AGE (IN YEARS LAST BIR	YRS	VIHS DAYS H	UNDER 24 HRS
1		RTHPLACE (STATE OR FOR COUNTRY) ETHERLANDS	REIGN 76	CITIZEN OF	WHAT COUN	MARRIED WIDOWE	D NEVER MARRI	ED 📙	MONT	Q O A	1CY ()	MD.
8		LIEV SPYI	ng 11			URSING HOME C	OSS		TYPE OF WORK FOR MOST OF		126 KIND OF E	
5	130. S	ARYLAND	GHOME OR OTH 3b COUNTY MONTGO		13c CITY OR	TOWN	13d. INSIDE CITY LIA YES XX NO [STREET ADDRESS			901
1	/_	ATHER'S NAME FIRST ANTOON	MIDI	VAN 1		ONEBERG		DORE	MIDDLE		HEUNISSI	
	(1	WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARME		578-28	8-7170	UERMAINE	TIM			IAC STI HEIGHT.	S. MD.
	NOI.	Conditions, if any, a gove rise to imme couse (a), stating	which digite the	DUE TO, O (b) DUE TO, O (c)	R AS A CONS	SEQUENCE OF	NOT RELATED TO TH	HE TERMIN	al disease or con	DITION GIVEN	IN PART 1(0	20740
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		226. PHYSICIAN'S NAM		LE C) ILE		22e ADDRESS	ice;	MIBX S?	IAN []		
	-	BURIAL, CREMATION, RE BURIAL	1	236. DATE 4/27/			EEK CEMET	ERY	WASHINGT			STATE
	24 FL	UNERAL DIRECTOR F			OLLINS ER SPR	ING, MD.	20901	APR	29 1985	256 REGISTRA	A TORKA	folete

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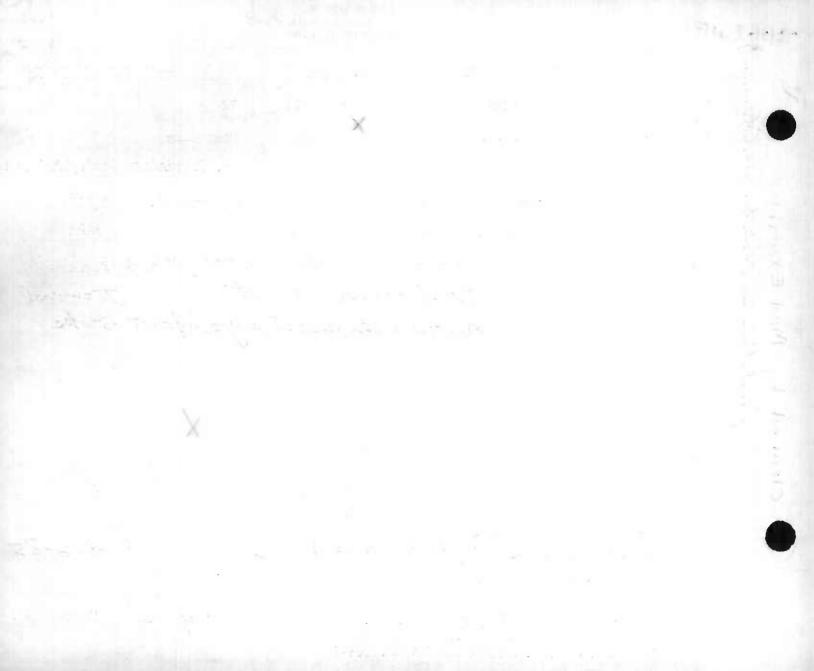
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VAS DECEASED EVER IN U.S. A SES. NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	White Wh	Dem S. DATE: AU SOUNTRY? MARRIE WIDOW AL, NURSING HOME G. GIVE STREET ADDRESS) S. HOSPITA1 DENCE BEFORE ADMISSION I VETSPTING LAST Dempsey Dempsey Detal SECURITY NO. 6-16-3976 TO, (b), gold (c). CONSEQUENCE OF	Bust 2,1912 DIVERSE MARRIED DIVORCED D	ADDRESS	IF UNDER LYEAR MONTHS DAYS S.S. 175 KIND O INDUSTRY GEOLG ODE 209 Clari AS 13 APPROXIMATION OF THE PROVINCENT OF THE	
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Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	DUE TO, OR AS A C	CONSEQUENCE OF		myoz, infar	Tor	
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	DUE TO, OR AS A C	CONSEQUENCE OF		myoz inforc		bs
		UTING TO DEATH BU	NOT RELATED TO THE TER	minal disease or condition	GIVEN IN PART 11	0
190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED		YES, WERE FIND IN RTIFYING CAUSES YES	
21a ACCIDENT WAS UNDERLYING		RY ONTH DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF DE	EAIR	19				
21d INJURY OCCURRED	21e. PLACE OF INJU	JRY ORY, OFFICE FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY	STATE
AT WORK AT WORK	(AT HOME, STREET, FACTO	ORT, OFFICE PARM, EIC)	J. C.			
220.1 certify that (f) (this hosp	pital) attended the decea	sed from		, to		that (1) (we) las
saw the deceased alive a	n	19	nd that in (my) (aur) opinio	n death occurred on the date and	hour and fram the	couses stated
SIGNATURE	D VIEW THE BODY differ and	00	DEGREE ~	75.7	22c DATE	SIGNED
V Songel	up for	ps. K. St	EMMA ATENDING	MEDICAL STAFF	4-	-6-8
22d PHYSICIAN'S AME (TYPE	Sengstack		122e ADDRESS			
			Silver Sp	oring, marykana		
BURIAL, CREMATION, REMOVA	AL 23b. DATE	23¢ NAME OF	EMETERY OR CREMATORY	23d LOCATION		
BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	23b. DATE 4/10/85			23d LOCATION	n county Moi	nt STATE Mo
	saw the deceased alive or obove, (I) (we) (did) (did not be supported by SIGNA) URE	saw the deceased olive on obove, (I) (we) (did) (did not) view the body after de DISIGNATURE JONATURE TO A PHYSICIAN'S DAME (TYPE OR PRINT)	saw the deceased olive on obove, (I) (we) (did) (did not) view the body after death. 19	saw the deceased ofive on obove, (I) (we) (did) (did not) view the body after death. 19 ond that in (my) (aur) opinion obove, (I) (we) (did) (did not) view the body after death. 19 ond that in (my) (aur) opinion obove, (I) (we) (did) (did not) view the body after death. 19 ond that in (my) (aur) opinion obove, (I) (we) (did) (did not) view the body after death. 19 ond that in (my) (aur) opinion obove, (I) (we) (did) (did not) view the body after death. 19 ond that in (my) (aur) opinion obove, (I) (we) (did) (did not) view the body after death. 19 ond that in (my) (aur) opinion obove, (I) (we) (did) (did not) view the body after death. 10 July SIGNATURE 11 July SIGNATURE 12 July SIGNATURE 12 July SIGNATURE 12 July SIGNATURE 13 July SIGNATURE 14 July SIGNATURE 15 July SIGNATURE 16 July SIGNATURE 17 July S	saw the deceased alive on obove, (1) (we) (did) (did not) view the body after death. 19 ond that in (my) (aur) opinion death occurred on the date and obove, (1) (we) (did) (did not) view the body after death. 19 OFFICIAL STAFF HYSICIAN DEFICIAN DIRECTOR PHYSICIAN 1274 PHYSICIAN PHYSICIAN 1274 PHYSICIAN	saw the deceased alive on obove, (1) (we) (did) (did not) view the body after death. 19 ond that in (my) (aur) opinion death occurred on the date and hour and from the obove, (1) (we) (did) (did not) view the body after death. 19 ond that in (my) (aur) opinion death occurred on the date and hour and from the obove, (1) (we) (did) (did not) view the body after death. 270 DATE 19 ond that in (my) (aur) opinion death occurred on the date and hour and from the obove, (1) (we) (did) (did not) view the body after death. 270 DATE 19 ond that in (my) (aur) opinion death occurred on the date and hour and from the obove, (1) (we) (did) (did not) view the body after death. 270 DATE 19 ond that in (my) (aur) opinion death occurred on the date and hour and from the obove, (1) (we) (did) (did not) view the body after death.

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC	NIC
REG.	146

	REGISTRAR						REC	5. NO.				
	I DECEASED NAME FIRS	zabeth	E.		nham		April	9,198		YEAR	3:3	
	Female	White	e	Jan Jan		1886	6 AGE (IN YEARS LA	ST BRITHDAY) YRS	IF UNDER	DAYS	IF UNDER	R 24 HRS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN Wash.D.C.	USA	VHAT COUNTRY?	WIDOWE	D X	MARRIED DIVORCED	Montgon	nery	Y OF DEA	ATH		MD.
7	10 CITY OR TOWN OF DEATH Bethesda	Bethes	ospital, nursing Tacility over the ta	cemer	nt & I	Nursin	17ª USUAL OCCU			(LEGA)	F BUSINI K	ESSOR
2			GIVE RESIDENCE BEFORE		YES 🗋	NO [13e STREET ADDRE			2	09	2)
	Frederick	WIDDLE	Thomson		Ber		MIDD		Sc	hm	idt	
	160 WAS DECEASED EVER IN U. (YE NO OR UNKNOWN) (IF Y		166 SOCIAL SECUE 579 60		Ame1		s(Cousin	n)Same	as	13	E	
	18 CAUSE OF DEATH (Ent.) PART I, DEATH WAS C.	ter only one cause per AUSED BY. EDIATE CAUSE (o)	Province	MIC.					BE	APPROXI	MATE INTE	PVAI DEATH
	Canditians, if any, which	th (b)	As a conseque	NCE OF	s syr	ndrom	p ·		^	tore	ma	<u>u 5</u>
	cause (a), stating the underlying cause los	(c)	AS A CONSEQUE		NOT RELATE	D IO THE TERM	UNAL DISEASE OR (ONDITION G	IVEN IN P	APT 11	8	
		asid Visi	1	-	11,09	JO THE TERM	TIVAL DISEASE OK	.0110110110		AKT III		
¢	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY? YES NO[IN CERT	ES, WERE IFYING CA YES []	FINDIN	OF DEA	TH?
7		OF DEATH HOUR A.A	A. MONTH DA	Y YEAR	21c HOW I	NJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART LORP	ART 2)		
	OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EXA 21d INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK	21e PLACE C	OF INJURY SET FACTORY, OFFICE, FA	RM ETC)	21f LOCAT		CITY	OR TOWN	CQui	MIY		STATE
	22a L certify that (1) (this saw the deceased of obave (1) (we) (did) (d	1-0-10-1-1	711	198 85, ar	nd that in (m)	(our) opinian	death occurred on the	he date and ho	. 19.8 s aur and fro		that (I) (couses st	, ,
	276. SIGNATURE	BININ	262		DEGREE		MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c.	DATE	SIGNED	5
	Dr. Debora		rg,MD		22e ADDRE		ing Stre	eet.S.	S.Mc	i.		
	230 BURIAL, CREMATION, REMO	236 DATE 4/11/			EMETERY OR Hill	CREMATORY	234 LOCATION Suiti	änd	PGUNT	Ma	ryl	ä'nd

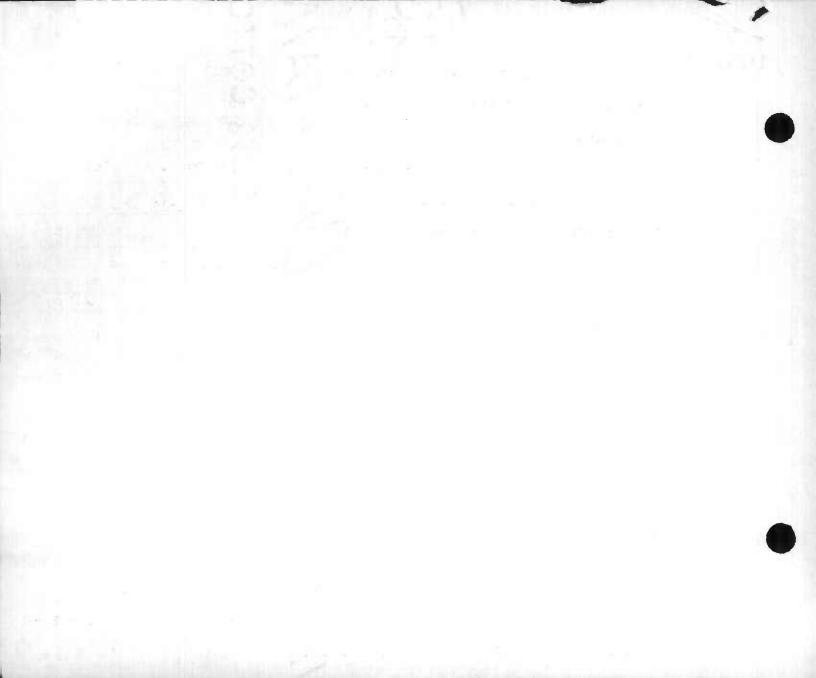
DHMH - 16 50M 4/B3 (VRA 15, 4)

PA FUNERAL DIRECTOR

Himes/Rinaldi 11800 New Hamp. Ave. S.S. MAPR 1 0 1985

PG Maryland

" Navigon Randam.



STATE OF MARYLAND 116134 DEPARTMENT OF HEALTH AND MENTAL HYDIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN MONTH TTYPE OR PRINTS OUANA MARO DEATH MATED 4. RACE 5. DATE OF BIRTH 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED 7 DIVORCED MONTGOM ETCY 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS WEWIFE 3 HITHERS 13V SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDERTTY LIMITS? GHITH 678 BURG NO H FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LACAY RANCISC MODESTO 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PERMIT PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH INFARCTION ACUTO IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF THE CHIEF MEDICAL EXAMINER ALL UD BE USED AS A BURIAL - TRANSIT MENT OF HEALTH AND MENTAL HYC TO SURIAL, CREMATION, OR REMO Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR WRITING CRWARDED IN IR: PAGE 3 SHO STATE DEPART 2 2 2 2 0 1 PE CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM ETC.) NOT WHILE AT WORK to me AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, A PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIX BAHLIMORE, MARYTAND, 2. 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Sleverol courses Undetermined manner EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 4/19/185 Cementerio de Granada 07/84 Granada. 25M 250. DATE REC'D. BY REGISTRAR 316 Diamond Avenue, **DHMH - 17** Gartner Sandison F.H. Gaithersburg, Md. 20877 (VR A15 ME (5))

Alternation of the first special and the second states of the second of the second states of the second states of the second sec

SILVER SPRING MD. 20906 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) COUNTY that (1) (we) last and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated THE DATE ARGNER DIRECTOR PHYSICIAN 57478 MONT PARKLAWN CEMETERY ROCKVILLE 24 FUNERAL DIRECTOR BY REGISTRAR MA REGISTRAR'S SIGNATURE FRANCIS J. COLLINSDRESS UNIV BLVD. W. SILVER SPRING MD. 20901

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE

YEAR

DAYS

INDUSTRY

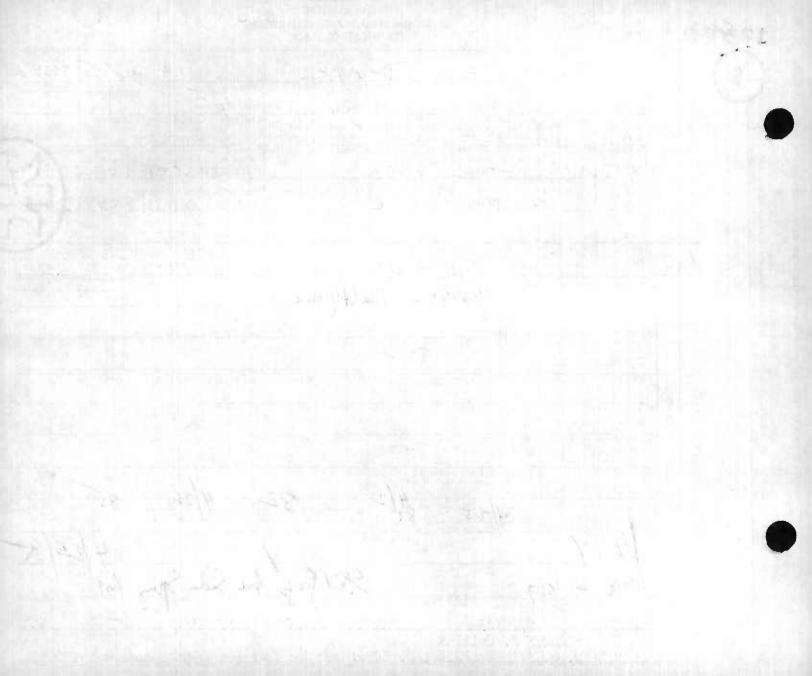
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126 KIND OF BUSINESS OR

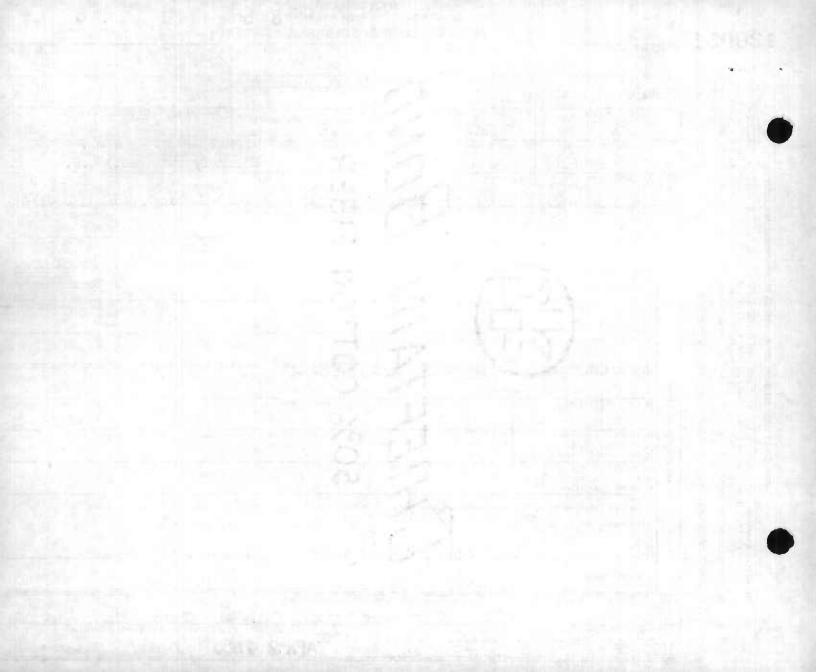
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DHMH - 16 60M 7/84 (VRA 15, 4)

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40	20051		STATE REGISTRAR				DICAL EXAM			-	ATL	REG. NO.			
		T. DE	CEASED NAME	FIRS			WIDGEE		LAST	- F. S.	20. DATE KNO	WN TO MO	ONTH DAY	YEAR	26 HOUR
	S. S	1117	E OR PRINT)	Fd	<i>z</i> the		K.		Diamond		OF ES	TED [4 2	209 85	
	A SESE	3. SE)		RACE	5 DATE	OF BIRTH	A AGE (IN	YEARS IF UP	IDER 1 YR. IF U	NDER 24 HRS	PRONOUNCED		NTH DAY		2d. HOUR
	DELAY IS NECESSARY, PLEASE 31 OTHE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DO BE FILED, WITHIN 72 HOURS RDS, 201 W. PRESTON STREET,	re	male	Whit	e Oct	. 16,	1900 84	YRS.	TS DATS HO	DK2 MIN.	DEAD			20,9 85	1:30A
	REST REST	7a. B	RTHPLACE 151	ATE OR			AT COUNTRY?	8. MARR	ED NEVER	MARRIED [9. BALTIMORE	CITY OR CO	DUNTY OF	DEATH	3 7 7 -
	STATE OF THE STATE		linois			.S.A.				VORCED [omery			MD
	Z HORE	100	TY OR TOWN ((IF NO	OT IN SUCH FA	PITAL, NURSING HO	(S)	ER INSTITUTION	FC.	SUAL OCCUPATION MOST OF WORKING	IEEA	0	IND OF BUS	2Y
	S. S		Silver				YE RESIDENCE BEFORE ADM			CTE	rk-Typis	t (Re	c.) U.	.S. Go	ov't.
21201	2, AND 3 TO 3. RETAIN PA SHOULD BE FAL ALRECORDS,	13a S	TATE	196 CC			Silver Sp	vinc	13d INSIDE CITY LI		TREET ADDRESS				
	SHOW SHOW		ryland	FD	regone	ГУ	PITTAGE OF	ппв	TS, MOTHER'S	O I 10	711 Tenbi	rook D	rive	(2090)	1)
E, MO.	PAN STA		Jacob		WIDGIE		Kaufman		FIRST	MAIDENTAA	WIDGIE		TT. * .	LAST	
NON		16a. V	VAS DECEASED	EVER IN U.S.			166. SOCIAL SECUI	RITY NO.	Reba 17 INFORMAN	T	Silver	DRESS	wein:	stein	01
BALTIMORE,	JRS AFTER 3. GIVE PA WITH FOR DIVISION	NC	ES, NO, OR UNKNOW	VNI IF YES,	GIVE WAR OR DA	TEST	579-18-33	159	Gerald	ine Sch	losburg:	10711	Tenh	rook 1	Oriva
	WIT WIT		TI CAUSE OF	DEATH (Ente	r only ane car	use per line	far (o), (b), and (c).)				cardiovas			APPROXIMATE TWEEN ONSET	INTERVAL
N S	ERWI FERMI AL.		PARTIDE	ATH WAS CAL	JSED BY: DIATE CAUSE	(o) Di:	sease and	Chron	ic obstr	uctive	pulmona	ry dis	sease	WEEN ONSET	AND DEATH
STO	ALC ALC AND AND AND AND AND AND AND AND AND AND				(D		AS A CONSEQUENC		- 7						534
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	NO SECUL		PART 2 OLUER CIC	NICIZANT CRUBIT	DAY CONTRIBUTE	(c)	MIT HET BELLEVE VO VALLE								
RECORDS,	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. WARDED TO THE CHIEF MEDICAL EXAMINER ALONG W PAGE 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	TAKE 2 OTHER SIG	HICICANI CUNUII	CMIKIBUII	NG ID DIAIN	BUT NOT BELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVE	N IN PART T to.					
	- AEAL	CERTIFICATION	19a DATE OF	OPERATION	Ties.	h. CONDII	ION FOR WHICH OF	PERATION W	AS PERFORMED)?			[2D	AUTOPSY?	,
DIVISION OF VITAL	PASSE AND SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	E SE			-									YES X	
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NO	SHOOK S		UNDERLYING CONTRIBUTIN	G CAUSE		P.M		AR	1000						
VISIO	TING TING 3 SF	MEDICAL	21d. INJURY O	CCURRED	. 2	STREET, FACT	OF INJURY (AT HOME		CATION		CITY OR TOWN		COUNTY		STATE
ā	E, WRI SWARE PAGE STATE	1	WHILE AT WORK	AT WORK				111		2 St					01410
	ATE, DORW		22a certif	y that I toak c	norge of the	ements des	cribed obove, held ar	Autop	sy X, ins	pectian .	Inquiry [, and in r	my apınıan		13-33
	MIN SEE F		death resulte	d from:	white Cours		Accident .	Suicibe	, Hamicide	Und	letermined manner				
	MAR WAR		ACTUAL	1	11/10		(1)4n.	Th	TITLE (SPEC				ATE		
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	WE WE WE		EXAMINER'S N		Thomas	s D. 9	Smith, M.D).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ll Pen	n St. B	alto.M	(ID		
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE; PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARYLAND, 2	23e B	URIAL, CREMAT			- D. L	23¢ NAME OF			[23d.	LOCATION	a.co.r			
07/84	BP1131	D	SPECIFY!		1.100	/85	TZ . D	. 1 .		CI	Falls Chu	rch · F	county	x.Viro	rinia
25M	DHMH - 17	24. F	UNERAL DIRECT	OR DANZ	ANSKY -	MIDRI	ERG MEMORI	AT CH	OT S 250.	DATE REC'D.	BY REGISTRAR 25	b. REGISTRA	R'S SIGNA	TURE	211110
	(VR A15 ME (5))	11	70 Rock	ville	Pike:	Rocks	ille Md	20852	APR.	2 41	285 · Sul	. Davids	-A- Pan	2002	16



500 UNIV BLVD. W. STLVER SPRING MD. 20901

(VRA 15, 4)

STATE OF MARYLAND

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X	١,	FOR	DEPAI	RTMENT OF HEALTH AND MENTAL H	YGIENE"		
SHAAC	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH			
1116			WIDDLE	LAST	REG. NO	O. MONTH DAY YEAR	Tay waste
		CEASED NAME FIRST		T	2a. DATE OF DEATH		26. HOUR
		1/8 8	JLAL	1)0D+1/A		4 2785	2-15 h
90	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
1	J. J.	na		MONTH DAY YEAR	40	MONTHS DAYS	HOURS MIN.
1		MALE	IND.	5 12 37	7/	YRS	
150		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	9 BALTIMORE CITY O	COUNTY OF DEATH	
21		COUNTRY	KENYA	MARRIED DIVORCED	Mario	BOMER	4
16 -	30 C	TY OR TOWN OF DEATH	1,7,7,1	WIDOWED DIVORCED [SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
11/1	10.0	TOR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	(TYPE OF WORK FOR MOST O		
21		AKOMA PARIC	WASHINGTON	DADVENTIST HOSPITA	1 Seltempl	TEX TEX	TILE
200		AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION)		Jer	
200		TATE 136 COL	0 (. / Later	ZIP CODE	+-1
~~		BOS MD V	PG Belts	VES P NO [1030375	Place.	T 4
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12			IVE WAR OR DATES)	V.	Denue	SAME	733
97		NA	NIA	MANTA	-NODHIK	ITEMS	
9 4		18. CAUSE OF DEATH IEnter of	only one couse per line for (a), (b),	and (c).)		APPRO BETWEET	NONSET AND DEATH
ewayo event,		PART I. DEATH WAS CAUS	ATE CAUSE (a) Cardio	pulmentary torco			
		IMMEDIA	ATE CAUSE (8)			1 6	
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oth		underlying couse lost.			20920	()	
ō			10				
injury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONI	DITION GIVEN IN PART	lo lo
o in in	CERTIFICATION	(6)					
à Vi	3	19a DATE OF OPERATION	1	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	
3	ľΕ	4/26/84	Correnony aste	my disease (Bylus	148 YES NOW	YES 🗇	NO []
0 5	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR		
E 8		OR CONTRIBUTING CAUSE OF DE	110110 1 11 11011	DAY YEAR	(1000)		
Aentol or Item	ð	(IF EITHER NOTIFY MEDICAL EXAMIN		19			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OF TO	WN COUNTY	STATE
e d	Σ	WHILE NOT WHILE AT WORK	[AT HOME, STREET, FACTORY, OFFI	LE PARMETC)		1	
morked				A125 10 8	5 . 41	27/1085	
S			oital) attended the deceased from	17-11	. 10	17	, that (I) (we) last
5 5		sow the deceased alive a	ot) view the body/after death.	and that in (my) (our) apinit	on death occurred on the qu	te and hour and from th	e causes stated
f them		77% SIGNATURE	- 13	DEGREE		22c. DAT	SIGNED
- ±			2 hat	ATTENDING	MEDICAL STAF	E. 14/	17/8-
with the State Dept.		27d. PHYSICIAN'S NAME (TYPE	OR BRIDEN	22e ADDRESS A	A Cantilla		10
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3 ₹	23a. E	SURIAL, CREMATION, REMOVA	L 23b. DATE 2	E NAME OF CEMETERY OR CREMATOR	Y / 23d LOCATION	-0"	
		SPECIFY)	E/7/0F		CITY OR TOWN	COUNTY	STATE
_		NOVA -Transi		Family	Nairobi	Kenya	
M 4/83				rroll St.NW, 250,0	ATE REC'D BY REGISTRAR	ME REGISTRAR'S SIGNA	fandalle
4)	18	akoma Funera.	l Home-Washin	gton. D.C.	1 6 9 1909	Mar Carlason-	a harry

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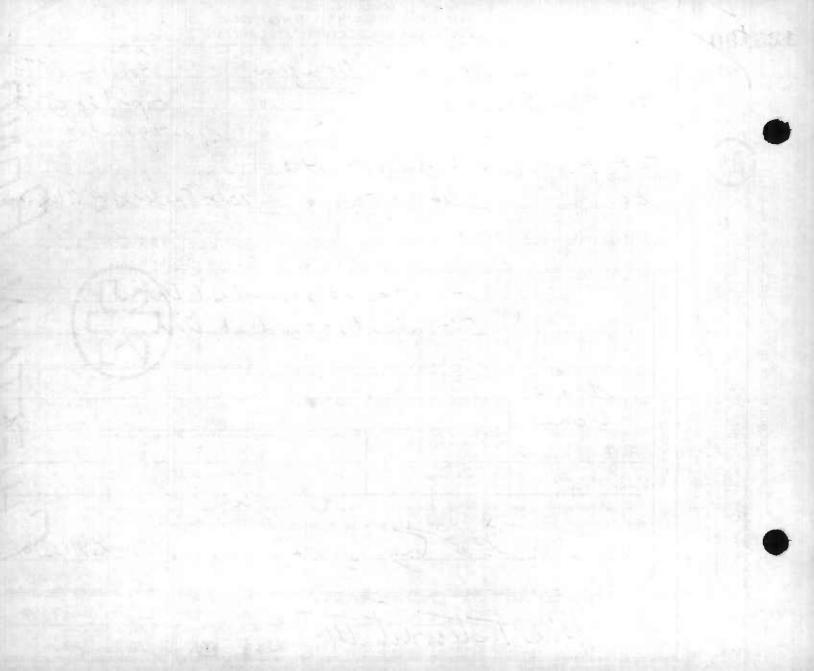
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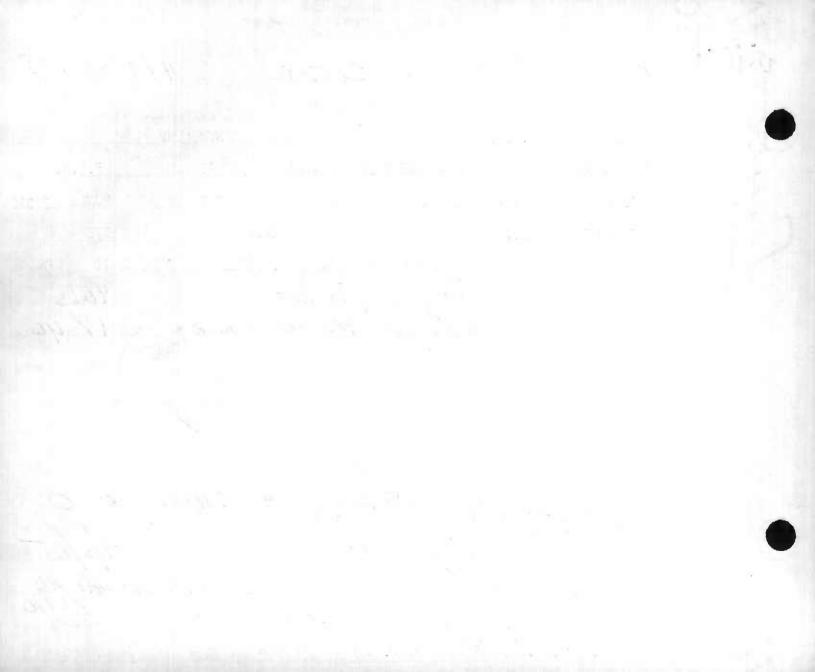
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	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE 1 8 5 5	
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123100		TRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. D NAME FIRST MIDDLE LAST Za. DATE KNOWN MONTH DAY YEAR	7h_HOLH
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公立の	Was	ington, D.C. USA MARRIED NEVER MARRIED MONTEY MARRIED NEVER MARRIED MIDOWED	MD
		TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. KIND OF BUS OR INDUSTRY OR INDUSTRY	
(到程)/	73	K. P24 Kl / Jash A Juento Ltong Manager-Mail OrderOffi	
5 25 68 //	USUAL RE	IDENCE (IF IN NURSING HOME INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 OUNTY 13c CITY OR, TOWN 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS 119 OUNTY 119 OUN	10
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ON SI 24 HO TIEM I CONG PERM SIENE, VAL.		IMMEDIATE CAUSE (a) 4 CW CC MYSCONS BL DIS	
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DS, 201 W. PRESTON ST KECUTED WITHIN 24 HOI IG" IN PENCIL IN ITEM I AL EXAMINER ALONG BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL.		lying cause last.	
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DIN E. THIS C E. WRIT EWARD PAGE STATE STATE	AT	LE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	31012
111 5 10		24. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion	
EXAMINER: CERTIFICATI VID BE FOR DIRECTION OF THE STAND	d	th resulted fram: Natural causes . Accident . Suicide ., Hamicide . Undetermined manner .,	
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TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNEMALL BATTER DEATH. BALTIMORE, M	-	CREMATION, REMOVAL 1316 DATE 234, NAME OF CEMETERY OF CREMATORY 234 LOCATION	
11/1///////////////////////////////////	Bur	CITY OR TOWN COUNTY STAT	Md.
107/84 BP		AL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
DHMH - 17 (VR A15 ME (5))	Ste	wart Funeral Home-4001 Benning Road, MAN. 1 1985 June Waydon-Mandale	





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 112097 - STATE Sophie Dresbold CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) SOPHIE 04 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH 3 SEX MONTH 1892 White Female May TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MONTGOMERY Russia WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Rockville Hebrew Home Of Greater Washington Retired Cashier USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 COUNTY 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 5525 30th St. N.W. D.C. 20015 Wash .. D.C. YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ANIDDI F Schul Minna Marcus Elswit 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Wash. D.C. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) 229-18-7180 Roselyn D. Silverman 5525 30th St. N.W. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: RESPIRATORY HRONIC WEEK IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF OBSTRUCTIVE LUNG CHRONIC Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) yiew the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED M.1) ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ATE MONTROSE 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23 WASH OF THE BYEN COMERY Burial 4/16/85 Memo. Park Cemetery Washington. D.C. 5130 Wisc. Ave N. W. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 46 50M 4/82 Joseph Gawler's Sons, Inc. ADDR Wash. D.C. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Claire Martha LAST DUDIN 20 DATE KNOWN LEVER CHARGE DEATH MATED -a14-e DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR 78 YRS. 85 VEAR PRONOUNCED DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Germany WIDOWED X DIVORCED ID CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Homemaker Home Bethesda Suburban Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONIL 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1029 Ashton Road Ashton Maryland Montgomery NO IX B. GIVE PAGES 1, 2 WITH FORM PM 3 IT. PAGES 1 AND 2. DIVISION OPVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST (Unknown) Koch Martha Karl 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Hampton St. (YES, NO, OR UNKNOWN) Unavailable Ruth H. Duvall (daughter) Westhampton Beach 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY arrest Respiratory DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which Septicemia gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Seveno PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYDAND, 21291-2RIOR TO BURIAL, CREW 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING which CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (AT HOME mal NOT WHILE AT WORK ASHTON Rd ASHTON MONTEOMERY AT WORK 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Natural causes Hamicide Undetermined manner SIGNATURE EXAMINER'S NAME WISCONSIN (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Westhampton, New 2 Apr 85 Westhampton Cemetery Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Capitol Funeral Service, Falls Church, VA

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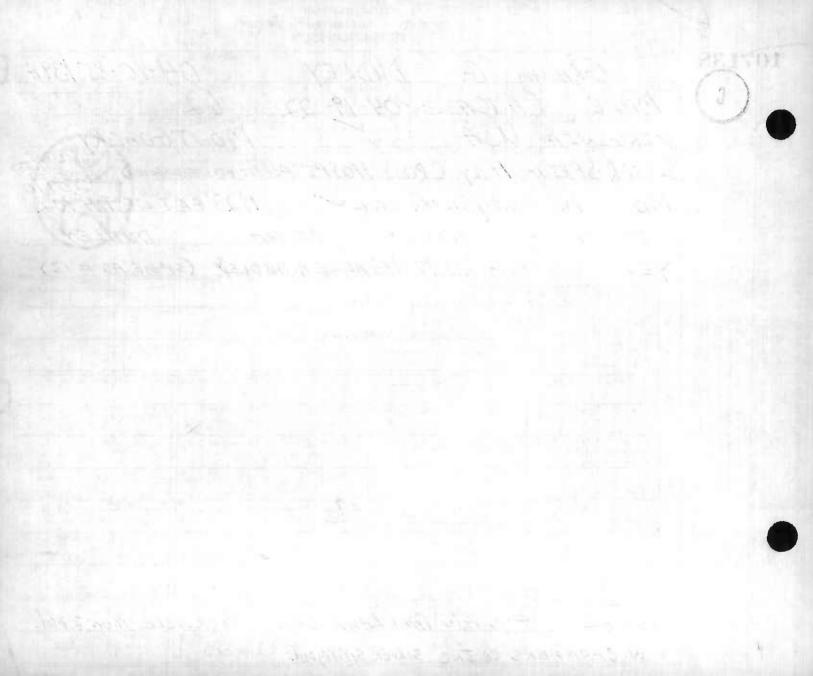
STATE OF MARYLAND CEPTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HEGIENE

	CEASED NAME PIRST	WIDDLE	1/1×///	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	OKHHA!	m (5.	DUDLEY	0	7-10-00 1011
3 SEX	hale	RACE 7	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 H
	MALE	HUCASION	104-19-22	62	YRS
	RTHPLACE I STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH
V	IRGINIA	USH	WIDOWED DIVORCED		GONERY
10 CI	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126. KIND OF BUGINESS INDUSTRY A 12.
152	CLIJER SPRING	HOLY CRO	OST HOSPITAL		EK(GUAKO) (FED. GOVE
USU A	AL RESIDENCE (IF NURSING HOME OF OT	HER INSTITUTION GIVE RESIDENCE BEFORE			ZIP CODE 209/
1	n) mout	FOM FOU SILVER	SPOT MES IN NO [1923 FA	ST LIEST H 102
14 FA	ATHER'S NAME		15 MOTHER'S MAIDEN N		
	TAMES A	DUDLE	EY CROO	MIDDLE	DUDLEY
lóa V	VAS DECEASED EVER IN U.S. ARMI		RITY NO. 17 INFORMANT	ADDRE	SS
10	YES, NO OR UNKNOWN) (IF YES GIVE V	KOREA 215-14-	1183 ALICE P. D.	UNIEY C	AALE DE # 17)
\Rightarrow				UVLC/	APPSONMANTE INTERVAL
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: O	1(0)		BETWEEN ONSET AND DEA
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	The state of the s	DUE TO, OR AS A CONSEQUE	NCE OF		
	Conditions, if ony, which	(16) hetestelle	Corcina		
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	gove rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF		
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ATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	<u>EATH</u> BUT NOT RELATED TO THE TER	PMINAL DISEASE OR CON	206. IF YES, WERE FINDINGS USED
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



MIDDLE

Film G604 item 13b

6/6/85 rja

FOR

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DUNKLEY

11800 N.H. Avenue

Silver Spring, Md.

REG. NO 2n DATE OF DEATH 2b. HOUR 3 4 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Montgomery 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY US Govt. Clerk Retired 7808 Wildwood Drive 20912 Valentine ADDRESS Esther A. Dunkley-sister-(same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MIN 2 0445 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I COUNTY CITY OR TOWN STATE (my (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 20910

Pr. Georges

we Davidson-Randell

250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hines Rinaldi Funeral Home

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STATE OF MAKTLAND	12 mg
DEPARTMENT OF HEALTH AND MENTAL	HI GIENE
CERTIFICATE OF DEATH	

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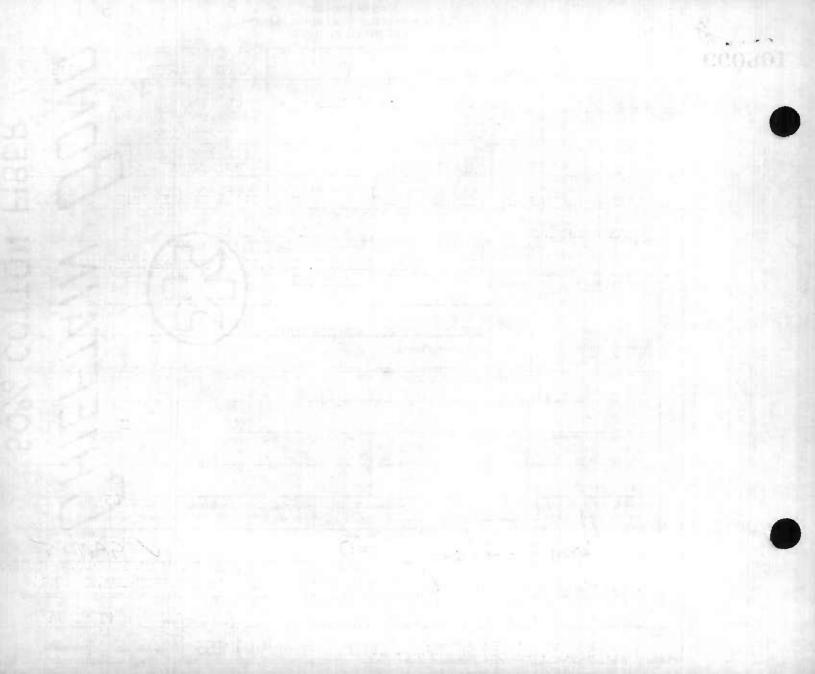
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician or should be detached for use as the burial-transit permit. Then please remove corban papers. Fig. with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The same of the sa Estate law law martin - College Late 12 - 17, p. 1941 J. L. Lander AMBELL MEN THE STREET LOS & FRANCISCO CONTRACTOR MAN THE STATE OF THE S 1039-12-4

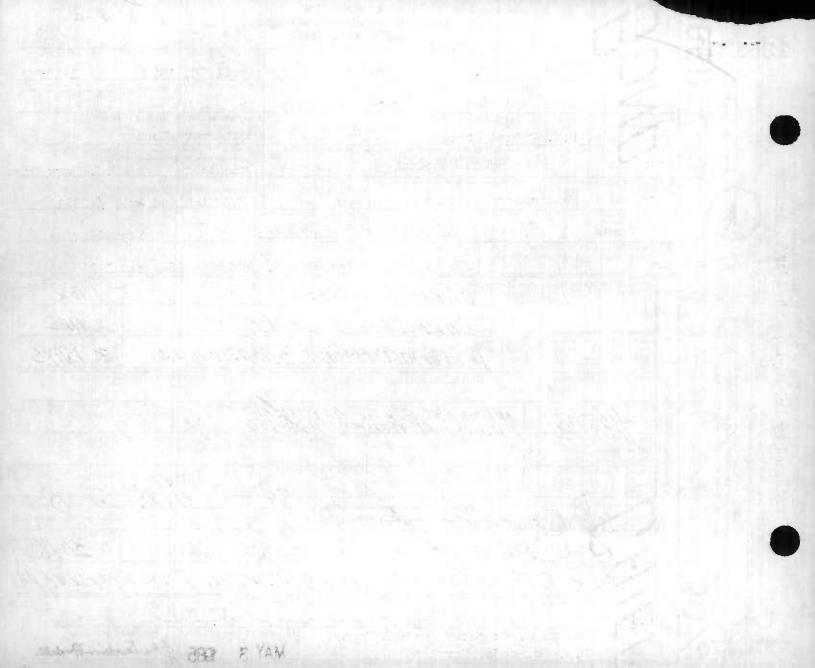
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DIVISION OF VITAL RECORDS	CERTIFICATE SHOULD BE EXECUTED WITING THE WORD "PENDING". IN PEN 2ED TO THE CHIEF MEDICAL EXAMINATION OF HEALTH AND MEN I PRIOR TO BURIAL, CREMATION, OH	z	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN	PART I to				
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	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 P		(TYPE OR PRI	NT)Gree		auffman, M.I			1 Penn S				
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STATE OF MARYLAND

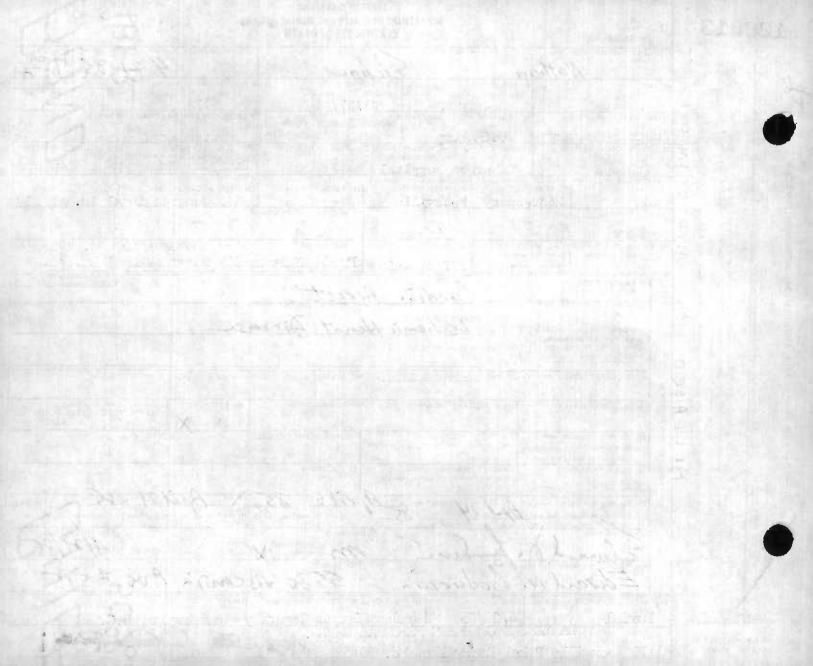
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours nattending physician.	Then please remove cor to burial, cremation, or injury, or other troumati	NO	Conditions, if ony, v gove rise to immed cause (a), stating underlying cause	the last	(b) DUE TO, OI	ADENOC R AS A CON	SEOUENCE OF CARCINOM SEOUENCE OF			INAL DISEASE	OR COND	ITION GIVEN	IN PART 11a	
AL RECO	iene prior	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDI	TION FOR V	VHICH OPERATION	ON WAS PERF	ORMED	200 AUTOP	NO 🗌	20b. IF YES, W IN CERTIFYIN YES Q	ERE FINDING: G CAUSES OF	S USED F DEATH? NO
PHYSICIAN: Tending physic this certificate	entol Hygis		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME O HOUR A.	M. MONTI	H DAY YEAR		INJURY OCCURE	RED (ENTERNATU	IRE OF INJURY	IN ITEM 18 PART I	OR PART 2)	3
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OR ATTEND he hospitol o	detoched for use tate Dept of Healt		22b. SIGNATUR	olive on (did not) v	APRT	L 8	from <u>APR</u>] 19_85	DEGREE		MEDICAL DIRECTOR	STAFF PHYSICE	e and hour on	220. DATE SIG	SNED 205
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BP			URIAL, CREMATION, RE SPECIFY) BURTAL	MOVAL	4/11	185	230 NAME OF		AT IONAL	23d LOCAT	LINGT	ON	VIRGI	NIATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH L DECEASED NAME MIDDLE 7b. HOUR LTYPE OR PRINTS Eckloff James E. April 28, 1985 2:18PM M IF UNDER 24 HR 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX MONTH YEAR Male Caucasian 1905 July 8 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Washington, D.C. United States Montgomery County WIDOWED 12b. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Suburban Hospital LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Bethesda Architect U.S. Navy Dept 3.20PM USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE
111. COUNTY 136. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Maryland Montgomery Bethesda 4412 Highland Av 20814 IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME James MIDDLE Eckloff E. 85 Katharine Schneider 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 4/29/ HE YES GIVE WAR OR DATES! 216 44 9806 no Isabelle D. Eckloff-wife- see # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) MR ME/0 IMMEDIATE CAUSE BEENC SNOCK Conditions, if ony, which gove rise to immediate ATED COLOUSE DIVERTICULUM couse (a), stating Mayl underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Dr 20b. IF YES, WERE FINDINGS USED HE DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO IT 21c. HOW INJURY OCCURRED 71a ACPIDENT WAS UNDERLYING HOUR A.M. MONTH DAY Released OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 214 INJURY OCCURRED 21s PLACE OF INJURY OTT OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC I 1241 certify that file this hospital) attended the decemand that in (my) (our) apinion death accurred an the different hour and from the couses stated 77h SIGNATU DEGREE Th. DATE/SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be detained with the State MPORTANT. 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) Buria1 Gate of Heaven Cemetery Silver Spring 14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. DHMH - 16 50M 4/83 Stie Davidson-Randelle (VRA 15, 4) P.A. Bethesda, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 126015 - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH I DECEASED NAME 2h HOUR TYPE OR PRINTS Vathan 1 SEX DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAY YEAR Male 01/27/08 C auc. To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County MD Austria-Hungary 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH Taxi Cab Driver Self-Employed (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Suburban Hospital 136 STREET ADDRESS / ZIP CODE (20852) ITE COUNTY 13d. INSIDE CITY LIMITS? Rockville 263 Congressional la.Apt 218 Montgomery Md 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Rockville, Md. 20852 Eichner Berv1 Pearl THE SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN Freda Eichner; 263 Congressional La., #218: 577 22 4656 18. CAUSE OF DEATH (Enfer only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ardiac IMMEDIATE CAUSE (a) DUE TO, ORGA CONSEQUENCE OF HEAT DISCASE Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 198 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) arended the deceased from and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated DEGREE DIRECTOR PHYSICIAN oduria 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL STATE Kesher Israel Cemetery Washington, D.C. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHPLS. DHMH - 16 50M 4/83 (VRA 15, 4) 1170 Rockville Pike; Rockville, Md. 20852



(VRA 15, 4)

STATE OF MARYLAND

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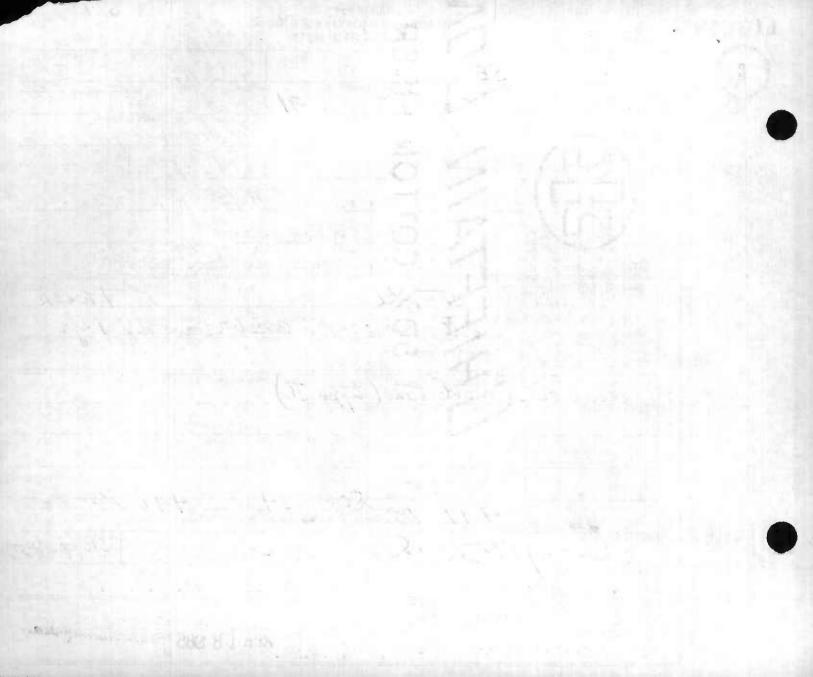
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Hines/Rinaldi 11800 New Hamp. AVe. S.S. Md.

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	H	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral metale should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Y and 2 should be filled within 72 fourtrafts about with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or removal.	0
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Fast 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral metal should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages (Land 2 should be filled within 72 fourtrafts awith the State Dept of Health and Mental Hygiene prior to burial, cremotian, or removal.	IMPORTANT: if them 21 is marked or them 18 shows ony injury, or other traumatic event, the medicole appainer mass be myslied at a more traumatic events.

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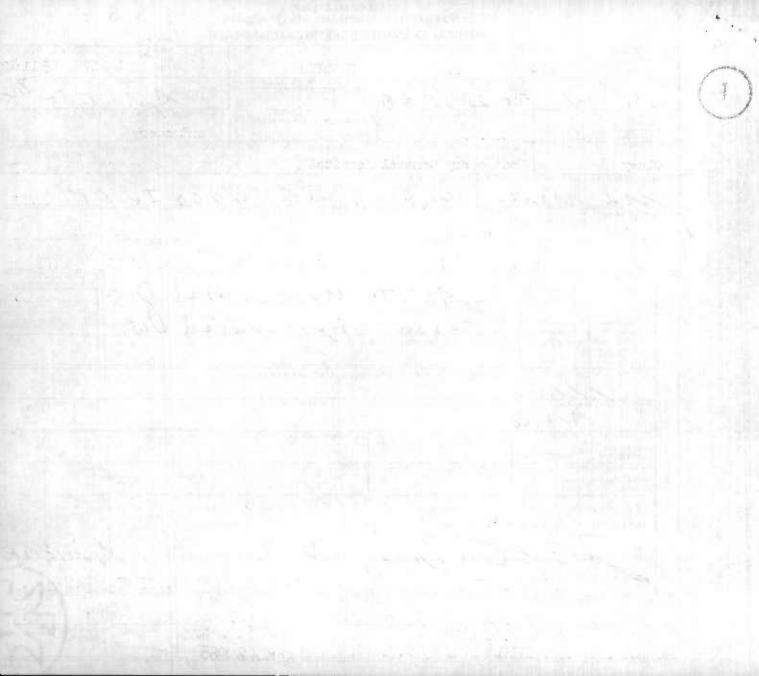
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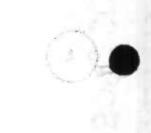
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_	ATIO	190 DATE OF OPERATION	EIU BW CONDI	LON FOR WHICH	OPERATION	N WAS PERFORMED	0-0	200 AUTOPSY?	20h IE YES	WERE FINDIN	GS USED
7	CERTIFICATION	THE DATE OF OPERATION	176. CONDI	TIOI4 TOR WITHEIT	OFERATIO	N WAS FERI ORMED	-	YES NO TE		NG CAUSES	
	ERT	210. ACCIDENT WAS UNDERLY			-	21c. HOW INJURY OF	CCURRED	(ENTER NATURE OF INJUR		Lad	140
1		OR CONTRIBUTING CAUS	SE OF DEATH	A. MONTH DA	AY YEAR	VEN TO A					
	MEDICAL	216 INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION		CITY OR TO		COUNTY	STATE
	¥	WHILE NOT WHILE	[AT HOME, STRI	EET FACTORY, OFFICE, F	ARM EIC)	STREET	90	(III OKIO	1 -	0-	SIAIC
		22a I certify that (I) (thi	s hospital) attended the	leceased from_	0,-	, 19_	5-	, to	17, 19	8)	that (I) (we) lost
Н		sow the deceased o	(did not riew the body		0 0 , or	nd that in (my) (op	inion dea	th occurred on the do	te and hour o	and from the o	couses stated
		22b. SIGNATUM	1118 (00	Odouble	M	CCO ATTENDE	100	MEDICAL STAF		220 DATE	SIGNED
		War	110 90	Control	1	ATTENDII PHYSICI	AN D	MEDICAL STAF DIRECTOR PHYSIC	IAN 🗌	14/2	3141
	4.1	22d Physicians Name	SUSTEMBI	ACT-M	(0)	THE ADDRESS & S	10	conera	ne	+4000	MD
3		373 13 -1	72		v.	510	-00	K SPILLA	140	arope	20903
		URIAL, CREMATION, REA SPECIFY) B urial	4-27-19			Hill Cemet	-	23d LOCATION CITY OF TOWN Dayton		COUNTY	Ohio
	24 FL	INERAL DIRECTOR	1, 2, 1,	11800 N			9		256 REGISTRA	R'S SIGNATI	
		nes/Rinaldi	Funeral Hor				APF	2 6 1985	gunar	hurdson-	Manage
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r		FOR STATE		DEPARTMENT OF H		OFFERTH	
12	1.06	REGISTRAR CEASED NAME	FIRST	EDICAL EXAMINE	K S CERTIFICATE	OF DEATH REG. NO.	MONTH DAY YEAR 12h HOUR
10		PE OR PRINT)				26. DATE KNOWN OF ESTI-	
NEED N	3. SEX	4 RACE	FRANK Is DATE OF BIRT	D. H 16. AGE (IN YEARS	ENGLISH IF UNDER 1 YR. IF UND	DEATH MATED	4 17 19 85 11; LA
(SEE SEE)	3. 36	A A	MONTH, DA	Y YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED	-1 ma (1/2)
Look 2	1	IRTHPLACE (STATE OR	100, 2	WHAT COUNTRY?		DEAD 9 BALTIMORE OF Y OR	COUNTY OF DEATH
HESE W	FC	PREIGN COUNTRY)			MARRIED NEVER MAR	RRIED L	
#2553 V		PENNSYLVANTA	U.S.	OSPITAL, NURSING HOME,	VIDOWED DIVOI	RCED Montgomer	
SHEET S	1		LIE NOT IN SUCH	FACILITY GIVE STREET ADORESS)	•	FOR MOST OF WORKING LIFE)	OR INDUSTRY
Sog Wall		Olney	Montgo	mery General I	lospital	SALES REPRES	SENTATIVE NABISCO
10 FEEE 20			COUNTY	130 CITY OR TOWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	01
4. IF AN 2. AN 3. SE 2. SE M. REC		me n	1000.	VESURUUI	YES NO [14700 41	115 / 120853
ORE, MD	/	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAI	DEN NAME MIDDLE	LAST
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	160	ES, NO, OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)				
JRS AFTER B. GIVE P. WITH FO T. PAGES DIVISION	-	YES	WW II	151-12-785	5 MAURA E	NGLISH SAME AS	S 13 WIFE
ST., OUR NIT.		PART I DEATH WAS	Enter anly ane cause per le CAUSED BY:	ine far (a), (b), and (c).)	1111	-1:1 h	BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOU ITHIN 24 HOU ILL IN ITEM 18 ANSIT PERMIT AL HYGIENE, I REMOVAL		IN	MEDIATE CAUSE (a)	OR AS A CONSEQUENCE OF	MYDO	Trairi (/31
PRESTON THIN 24 F CIL IN TEA NER ALON ANSIT PER REMOVAL		Canditions, if any,	which	^ /	1	1.11 1.	6
WITAL RAPE		gave rise to important cause (a) stating the	mediate (b)	Lyone	14/803	V412 (VIC	
201 W. OTED WILL PENCEXAMINITAL - TRA		lying cause last.	DOE TO, C	DK AS A CONSEQUENCE OF			free relieve s
2 5 2 2 0		BADT 2 DINES CICNIFICANT CO	PRITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINA			
RECORDS. TO BE EXECT PENDING. MEDICAL PEATH AND A DATA A BUILD A DATA A BUILD A DATA	z	PART 2 DINER SIDNIFICANT CO	ADITIONS CONTRIBUTING TO DEA	IN BUT NOT RECATED TO THE PERMIN	E DISEASE OR CONDITION GIVEN IN	PARI I IO	
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TANA A E							
EXAMINER: CERTIFICATE OULD BE FOR 1, DIRECTOR: 1, WITH THE S MARYLAND,			ak charge of the remains o				in my apinian
CAL EXAMINE SHOULD BE REAL DIRECTO ATH, WITH TH ATH, WARYLAN		death resulted fram:	Natural causes (10),	Accident L.I., Suici	le, Homicide	· Undetermined manner,	
CAL EXA SHOULD PRAL DIRI ATH, WITH		ACTUAL /	000		TITLE (SPECIFY)		DATE 1 - 1 1 5 10 10
EDICAL E	7	SIGNATORE	-,0	(open	M.D.	MEDICAL EXAMINER	SIGNEDIANT LA PORTO
25 m 2 0 5 1	4	EXMINER'S NAME (TYPE OR PRINT)	JOHN S. ROO	GERS	ADDRESS_1919	SEMINARY RD., SIL	LVER SPRING.MD.
TO A PAGE BAFTE	23o. B	URIAL, CREMATION, REM			TERY OR CREMATORY	23d. LOCATION CITY OR YOWN	
BP	1	BURIAL	4/20/85	GATE OF H		SILVER SPRING	MONT MD.
DHMH - 17	24 F	UNERAL DIRECTOR ED	ANCIS J. CO.		250. DAI	FURBOLD BY RECHETICAD 125h REGIS	TRAR'S SIGNATION
(VR A15 ME (5))	50			SPRING, MD. 20	201	2 2 1985	ydson-handeld
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oge 3	(TYP		FIRST	37	MIDDLE	F	acer	20 DATE OF DEATH	4	27 85	_	M
9 4 A	3. SE	Female		White	е	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST		MONTHS DAY		MIN.
		RTHPLACE (STATE ORFO COUNTRY) ennsylvania			WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY Montgo	OR COUN			MD.
by the filed w		ity or town of dea koma Park	TH 11	NAME OF	HOSPITAL, NURSII CH FACILITY, GIVE STREE NGTON ACT	ADDRESS CONTROL OF	t Hospital	120. USUAL OCCUPA HYPE OF WORK FOR MOS SeamStres	TION TOF WORKING S	DIOPOLE	of BUSINESS Taylor	
nin 24 haur ly filled in shauld be er myst be	USU 13q M	AL RESIDENCE (# NURSI STATE aryland	Montg	omery	GIVE RESIDENCE BEFOR 136. CITY OR TOV	VN	13d, INSIDE CITY LIMITS?	13. STREET ADDRESS			. 209	01
with with and 2	14 F	ATHER'S NAME FIRST	UNKNÖ'	MM	LAST		15 MOTHER'S MAIDEN NA	UNKNOW			LAST	
be executed on ond comp.		WAS DECEASED EVER I		ED FORCES? VAR OR DATES)	183-10-		Pete Carter		Bran		Silver Md. 2	2090
NG PHYSICIAN: The law requires that the death certificateriding physician. Iter that certificate has been signed by the attending phase the buriol-transis permit. Then please remove carbon phand Mental Hygiene prior to buriol, cremation, ar remove action of a signer state.	NO	Conditions, if ony, gove rise to imm cause (a), stoting underlying couse PART 2 OTHER SIGN	ediate the lost.	DUE TO, O	R AS A CONSEQU	TER ENCE OF	NOT RELATED TO THE TERM) NOITION	GIVEN IN PART	1(0)	
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ding physicides is certificate burial-transit Mental Hygin or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION (IF EITHER, NOTIFY MEDICAL INJURY OCCURR	AUSE OF DEATH	Ρ.		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF II	JURY IN ITEM 1	18 PART I OR PART	2)	
NDING PH NDING PH S. Affer th Use as the b Jealth and S. Marked on	ME	WHILE NOT WHI AT WORK AT WORK 22a.1 certify that (1)	this hospito	1 AT HOME, ST	REET, FACTORY, OFFICE		STREET . 19_19	75 ₀ 4	. 26	19.85	, that (I) (we	e) lost
HOSPITAL OR ATTE		saw the decease above, (1) (we) (d 22b. SIGNATURE 22d. PHYSICIAN'S NA	ME (TYPE OR P	au RINT)	nt		720 ADDRESS	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	22c. DA	1 27.8	35
TO HOSPITAL retained by 1 TO FUNERAL should be de- with the Start IMPORTANT.	730	M S		23b. DATE		NAME OF C	9013 FLOO	WER AVE	- 5	ILUER	1d zes	POT
BP		Removal UNERAL DIRECTOR		4-28-	0-	orgeto	wn U. Med. So Sever AVE 250 DAI	h Washir	gton,		C.	TE .
DHMH - 16 50M 4/83 (VRA 15, 4)	Ce	LUMBIA MC	RTVAL	14 SA	EVICES A	in U	ASH., RC. MAY	06 900	Shirt	Taridan	Sandalika	



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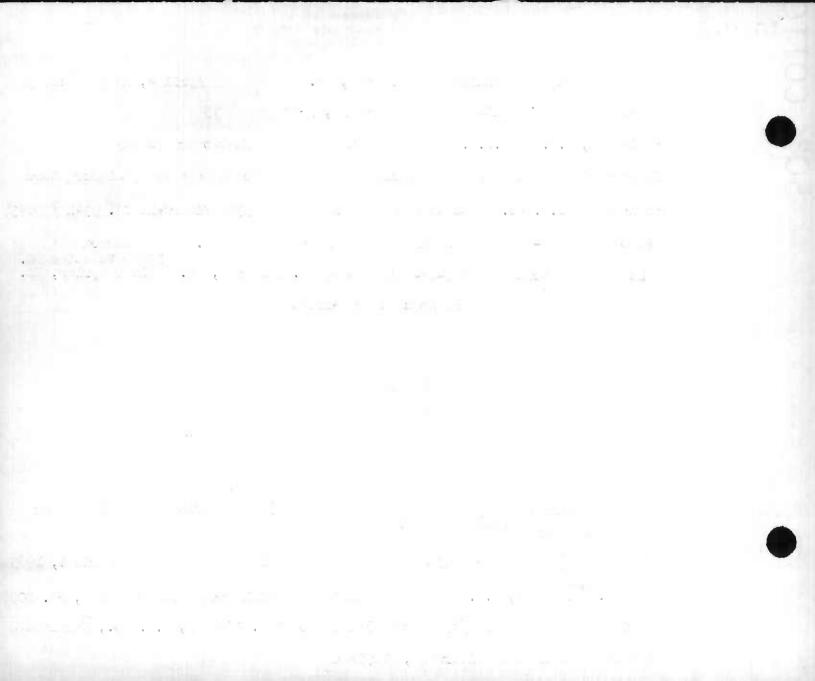
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT APHYGIENE FOR - STATE **CERTIFICATE OF DEATH** REGISTRAR

REG. NO

(TYP	E OR PRINT)									
1		oseph		liam 1	Feldma		Apr		1985	6:0
3. SE	Х	4	RACE		5. DATE O		6. AGE (IN YEARS LAST BI	RIHDAY	MONTHS DAYS	# UN
/	Male		White	9	Augus	t 16, 1909	75	YRS		
7a. B	IRTHPLACE (STATEO	R FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
/ W	shington,	D.C.	U.S.	Α.	WIDOWE		Montgomer	y Cou	inty	
	ITY OR TOWN OF DI		1. NAME OF	HOSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION	12a USUAL OCCUPAT	ION	- 12b. KIND	
0 S	ilver Spri	ng	Holy Cr	ross Hospi	ital		Route Mana		Lique	
P USU	AL RESIDENCE (IF NO	13h COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CO	DE.	
Second .	aryland	P.G.		Riverda		YES NO	5309 Rive			21
	ATHER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NA				ST
20	Simon	_	IDUCE	Feldman	n	Lina	R.		Gerson	
16a,	WAS DECEASED EVE			166 SOCIAL SECU		17 INFORMANT	ADDR	ESS 1 30	248 Vene	
L	(YES, NO OR UNKNOWN)	NO	WAR OR DATES)	577-24-0	2035	Joseph W. Fe.	Ldmann, Jr.		Lver Spr	
	T			r line for (a), (b), on					APPRO	
	PART I. DEATH	WAS CAUSED	BY:			ry Arrest			OL I WEEK	UNGET
7	Conditions, if on gove rise to in couse (a), stof underlying cour	nmediote ting the se lost	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION (GIVEN IN PART 1	10
CATION	gove rise to in couse (a), stat underlying cou	nmediote ting the se lost	onditions <u>C</u>	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b IF Y	GIVEN IN PART I	INGS (
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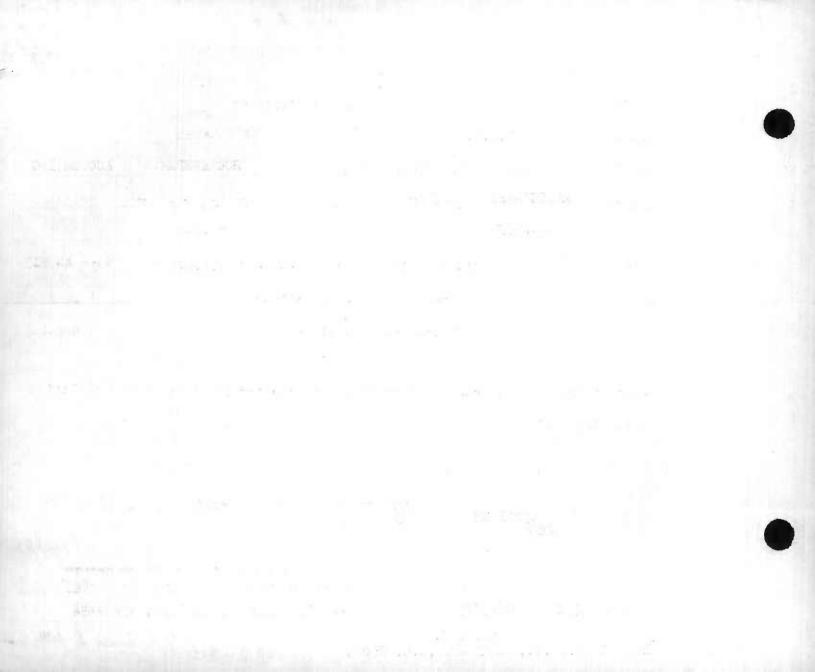
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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

3	1-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAPHYG	REG. NO.	
		CEASED NAME OF PIRST OR PRINT) Robert Male	RACE White	7		20. DATE OF DEATH MONTH 4 - 6 AGE (IN YEARS LAST BIRTHDAY) 4 YRS.	DAY YEAR 26 HOUR 35 12 4 M
1	4	TTinois	USA NAME OF HOSPITAL, N (16 NOT IN SUCH FACILITY, GIVE	MARRIEI WIDOWE	D DIVORCED	9 BALTIMORE CITY OR COUNT MO 1/00 m 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	MD. MADE THE PROPERTY OF THE
6	Ma	AL RESIDENCE IF MURSING HOMOR OF THE TOTAL AND THE T	mery Sillve	rospring	13d INSIDE CITY LIMITS? YES 1 NO 1		20904
1		Terrell J VAS DECEASED EVER IN U.S. ARME VENTA UNKNOWN) (IF VENTA)	D FORCES? 16b. SOCIAL	renz L SECURITY NO. -4074	Mabile Marion F. Fe:	ADDRESS ADDRESS rrenz-wife-(same	e as 13e)
	ATION	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON:	SEQUENCE OF	lust Helmon	INAL DISEASE OR CONDITION GI	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
1	AL CERTIFIC	THE DATE OF OPERATION THE ACCEPTATION OR CONTEMITING CONTEMINENT OF DEATH OF STREET HOLLY ADDICAL TRANSMERS	216 TIME OF INJURY HOUR A.M. MONTH			IN CERT	3. WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO NO NO
	MEDIC	216 INJURY OCCURRED white account to the house at the defended of a portal to the def	21st PLACE OF INJURY LAT HOME STREET, FACTORS O	Hom & on	10_93 In ECCATION STREET 10_93 Id that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	to Describe and he dotte and he	10 S that (I) (we) fast or and from the causer strated
1		STREET, STREET	216 216 DATE 4-11-1985		EMETERY OF CREMAJORY dical Board	Baltimore	- Spy My Md. Md.
		uneral director nes#Rinaldi Fune	ral Home	800 N.H. 1ver Spr	Ave., 25a DATE	REC'D, BY REGISTRAR 25b, REGIS	1. F. A. S. C. S. C.

DHMH - 16 60M 7/8 (VRA 15, 4)

2200 THERMITAGE AVENUE WHEATON, MARYLAND -- PO BOX BETWEEN ONSET AND BEATH 20h. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (and opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [BURTAL 4/21/1985 KING DAVID MEMORIAL GARDE FALLS CHURCH, VIRGINIA DUNALDRENIOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET N. W. WASHINGTON D. CA. CARROLL STREET, N. W. WASHINGTON, D. CAP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25 HOUR

126 KIND OF BUSINESS OR INDOWNY HOME

2111

COUNTY

-20902-

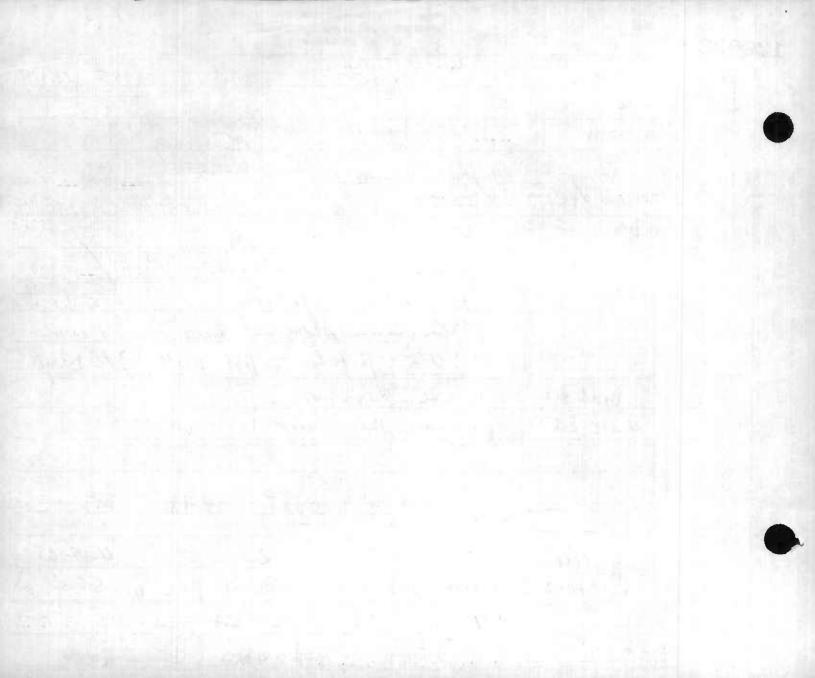
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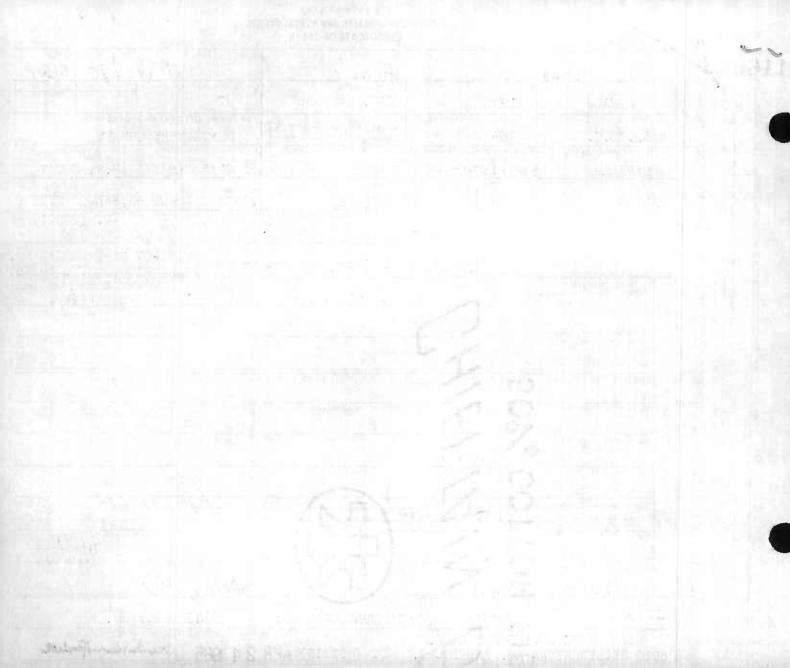
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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

126002





109043	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO.	/ /
103040		CEASED NAME FROM	WIDDIE	LAST	20 DATE OF DEATH MONTH D.	1.10
1 58	2.55	Raym	nond Ca	Firor S. Date Of Birth	April 14, 198	5 6./2/.m
i (ic)	1, 58	MALE	WHITE	Que 14 1900		DNITHS DAYS HOURS MINL
	ort.	execution IG.	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	PA /	,
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AND STATE OF THE S	130 W	AL RESIDENCE (# NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION GIVENESIDENCE BUTY OR T	13d INSIDE CITY LIMITS?	4/3 Delser Dorg	Tre 20910
MARYL MA		Glarles	Firov.	15. MOTHER'S MAIDEN N	MEDII 19	enger!
TIMORE,		VAS DECEASED EVER IN U.S. AR/		03-W29 Kex Fix	ot (13e)	
201 W. PRESTON ST., BA es shot the death certificate and by the attending physic pieces remove carbon pope until, cremotion, or removal r, or other traumatic event, it		Conditions, if any, which gave rise to immediate cause last, stating the underlying cause last.	D BY: E CAUSE (0) CAP DUE TO, OR AS A CONSE (b) APTERI DUE TO, OR AS A CONSE (c)	DIAL ARLEST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH G YCHRI EN IN PART 110
he for requirement of the form	TIPICATION	196 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES,	WERE FINDINGS USED (ING CAUSES OF DEATH?
OF VITA	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
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R ATTENDIN hospital or RECTOR, Att and for and the other or Health war 21 is more		22s. I certify that (I) (this hospit	11 0	05	on death accurred on the date and hour	ond from the couses stated
HALD HALD		224 PHYSICIAN'S NAME (11/PE OF	Chair		DIRECTOR PHYSICIAN	4/14/85
O HOSPI TO FUNE Thould be I the S		ROBERT V.	CHOISSER	CHEYY	CHASE Md.	20815
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DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR L Koma Funeral	Home-Washir	groll St.NW 250.A	Applied & sida Ray Say Secretic	ARSSIGNATION COM

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S Comments	3. SEX	. 70	RACE	n 11	5 DATE O	DAY YEAR	& AGE (IN	YEARS LAST BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
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ND 212 22 hour Miss in muss in	USUAL 13a. ST	RESIDENCE LIF MURSIHIE ME OR	OTHER INSTITUTION (ISC. CITY OR TOV Washing	VN I	134 INSIDE CITY LIMITS?	13 STREET	ADDRESS / ZIP C	ope s Str	eet,	4.47
MARYLA MA		HER'S NAME FIRST Sie West	MIDDLE	LAST		Not Stated	AME	MIDDLE		EAST	
MORE, n ond ce medical	160 W	AS DECEASED EVER IN U.S. ARA	14410 OR DATES	166 SOCIAL SEC 578-30-1		James E. Oxf	ord, N	address ephew,503			gton, D.C os St., MW
RECORDS, 201 W. PRESTOR Iow requires that the death os been signed by the attend remit. Then please remove co remite to burial, cremation, o		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEA		I GIVEN IN		
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FAL OR Ay the hose RAL DIREC detoched one Dept.	4	This ? -	1/1	nd.	m	ATTENDING PHYSICIAN	MEDICAL DIRECTO	STAFF	2	2c. DATE	30/85
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999999°	(5	BURIAL	6 May	85 A	rlingt	emetery or crematory n Nati nal	Ari	ington, V	irgir		STATE
DHMH - 16 50M 4/83	24 FU	VERAL DIRECTOR				50.9111	ATE REC'D. BY	REGISTRAR 256. RE	GISTRAR'S	SIGNATI	JRE
(VRA 15, 4)	W.	ERNEST JARVIS	ال و ال	NC., Was	ningto	ng DC MAY	8 14	10 000	BAMPA ANDA	_/and	21/4

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

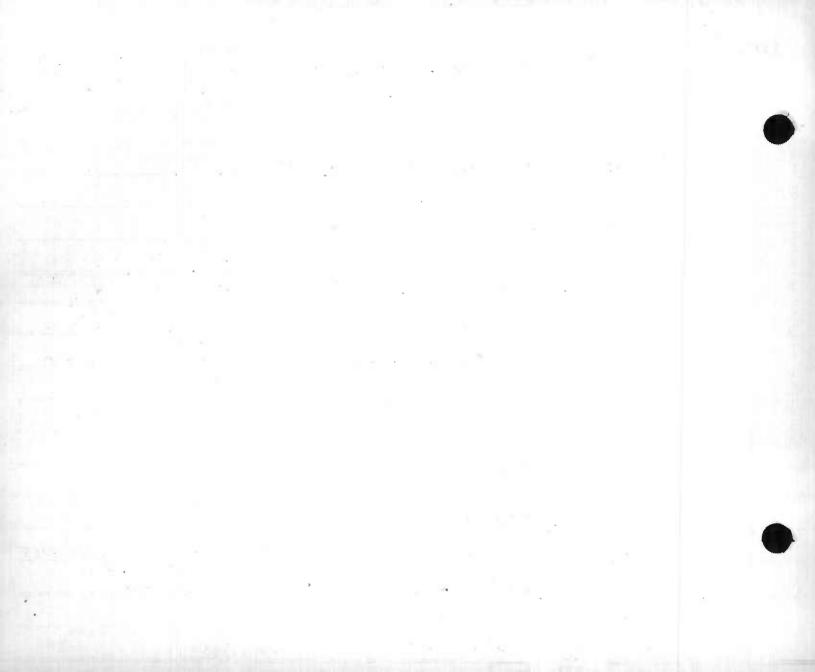
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123083	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL M CERTIFICATE OF DEATH	GIERE REG. NO.	8 7 9
	I. DECEASED NAME FIRST	MIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
2 7	(TYPE OR PRINT) Loure	na R	Floyd	4	23 85 M
à CA	1 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- 50 K m	FEMALE	CAUCASIAN	MONTH DAY YEAR	55 Y	MONTHS DAYS HOURS MIN.
Oth. Poge	III. BIRTHPLACE (STATE OR FOREIGN COUNTRY) .	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED DIEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR COU	INTY OF DEATH AD. MD.
the for d	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS]	120 USUAL OCCUPATION	
201 by	GAZTHERS BUR			TEACHER	SCHOOL
ed within 24 hours mpletely filled in by and 2 shorter exoraire	13a STATE 13b C	ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 130. CITY OR MONT. GASTA	TOWN 138 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	10DE 20811/
AMRYLA Justifica Justifi Justifica Justifica Justifica Justifica Justifica Justifi Jus	14 FATHER'S NAME FIRST ALFREO	MIDDLE RH D	ADES KATTE	NAME	LAWSON
	160 WAS DECEASED EVER IN U.S		SECURITY NO. 17. INFORMANT Rus	ADDRESS	LAWSON
BALTIMORE, cote be executed by second and papers. Pages you had not be second to the s	(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES) 232-3	6-5735 HATTE	FLOYD SA	ME AS 11
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NG PHYSICIAN: The law require ottending physician. If this certificate has been signs the burial-transt permit. Then the and Mental Hygiene prior to be orked or tem 18 shows any injury orked or tem 18 shows any injury	190 DATE OF OFFRATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR W	HICHOPERATION WAS PERFORMED	200 AUTOPSY? 20b. I YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
NOF VITA By physical rearthfore riol-tronsi entol Hygin frem 18 sh	OR CONTRIBUTING TO CAUCE !	LIGHT A AL ALCOHUTE	DAY YEAR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITE	N 18 PART I OR PART 2)
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DIVISION NG PHY Office this os the bu th and M orked or	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
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the hos the hose toched e Dept	226 SIGNATURE	Q.01 4	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
HOSPITAL of the board by the board by the board by the board by the Store I of th	77d. PHYSICIAN'S NAME	TYPE OR PRINT)	27e ADDRESS	DIRECTOR CHARTSICIAN C	
TO HOSPITAL TO FUNERAL should be det with the Store		ILLON, M.D.			. Olney, Md. 20832
7 5 7 4 7	23m BURIAL, CREMATION, REMO		231. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY STATE
BP	CREMATION	4-24-85	BAUTO. WASH. CREMA		PG MD.
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	ADD	7601 SANDY SPE 250 D	AY 1 1985	CHARLES SIGN PONDAGE
(VRA 15, 4)	FLECK FUNE	RAL HOME IN		1 1000	

FLECK FUNERAL HOME INC

loyd Lourens

6/6		1m G602 item 6 statel/18/85 rja registrar	DEF	PARTMENT OF H	EALTH AND MENTAL	TYGIERE REG. NO	o.	O
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n and co Pages d		VAS DECEASED EVER IN U.S. AR/ res, no or unknown) (# yes, give NO	MED FORCES? 166 SOCIAL WAR OR DATES)	SECURITY NO.	Robert M Fo	ster 12202 Cl		ike
Thircate by physicia and papers emaval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one cause per line for (a), (DBY.	bi, and (ci.)			APPROBLEMENT 3	OXIMATE INTERVAL EN ONSET AND DEATH
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he law in on. has been it permit in permit in permit one prior	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
iclan. 1 g physic entificate ial-trans ntal Hygiem 18 st	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	IY IN ITEM 18, PART 1 OR PART 2)	1
IG PHYS attention s the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	YN COUNTY	STATE
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AL C.: A the hos AL DIREC letoched ite Dept T.: If hem		Naymond (Bralsland	M.D.	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAI	FF A	TE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be determined with the State IMPORTANT:		Raymond L	Bradshaw	Jr	27e ADDRESS 345	S Universi	ty Blud,	W
D € D € ₹ ₹	23e E	OURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE April 8 '85		EMETERY OR CREMATO	CITY OR TOWN	urch Fairfax	Virgini
DHMH-16 20M (VRA 15, 4) 7/78		UNERAL DIRECTOR			250.	DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	



13081

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PTGIENE CERTIFICATE OF DEATH

Fuller

YEAR

5. DATE OF BIRTH

May 6, 1899

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Riverdale Hgtses X

Heritage Health Care Center

166 SOCIAL SECURITY NO

REG. NO 20 DATE OF DEATH MONTH 26 HOUR April 14, 1985 6.00 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 85 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County DIVORCED [] 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Federal Messenger Government 6000 Quintana Street 20737 15 MOTHER'S MAIDEN NAME Lola Maud Putnam ADDRESS Charles E. Daniel Same as 13 e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMO

578 12 9784 No 18 CAUSE OF DEATH (Enter only one couse per line for ion, to , and ice PART I. DEATH WAS CAUSED BY: PNEUMONIA ASPIRATION IMMEDIATE CAUSE (D.) 10. OR AS A CONSEQUENCE OF CENEBRO VASCULAR

10. OR AS A CONSEQUENCE OF DISEASE Conditions, if pny, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

17 INFORMANT

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

MIDDLE

7h. CITIZEN OF WHAT COUNTRY?

Fuller

4 RACE

A COUNTY

Beasley

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

P.G.

(IF YES, GIVE WAR OR DATES)

White

U.S.A.

Herbert

210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

22a I certify that (1) (this haspital attended the deceased from sow the deceased alive on 10) AVIA

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION STREET

200 AUTOPSY?

NOT

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES [

and that in (my) learn apinion death occurred on the date and hour and from the couses stated

DEGREE ATTENDING MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

2309 Shorefield Rd. Wheaton, Md. 23c NAME OF CEMETERY OR CREMATORY

230 BURIAL CREMATION, REMOVAL (SPECIFY) Apr. 16, 1985 Burial

Fort Lincoln Cemetery Brentwood P.G.

DHMH - 16 60M 7/84

FUNERAL

0

(VRA 15, 4)

ould be

24 FUNERAL DIRECTOR

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE ONO! WHILE

224 PHYSICIAN'S NAME THE OF MINE

Myron L. Lenkin M.D.

FOR

REGISTRAR

TO BIRTHPLACE ISTATE OF FOREIGN

CITY OR TOWN OF DEATH

Takoma Park

Wayne

I DECEASED NAME

Nebraska

- STATE

TYPE OR PRINTI

3 SEX

Male

130 STATE

CERTIFICATION

MEDICAL

Maryland 4 FATHER'S NAME

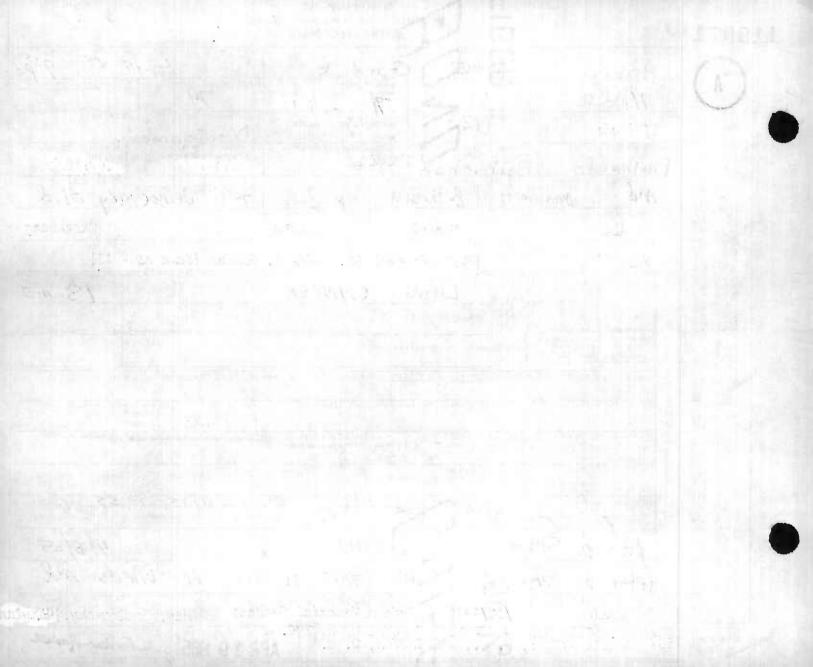
William

Hyatts, Md. 20781

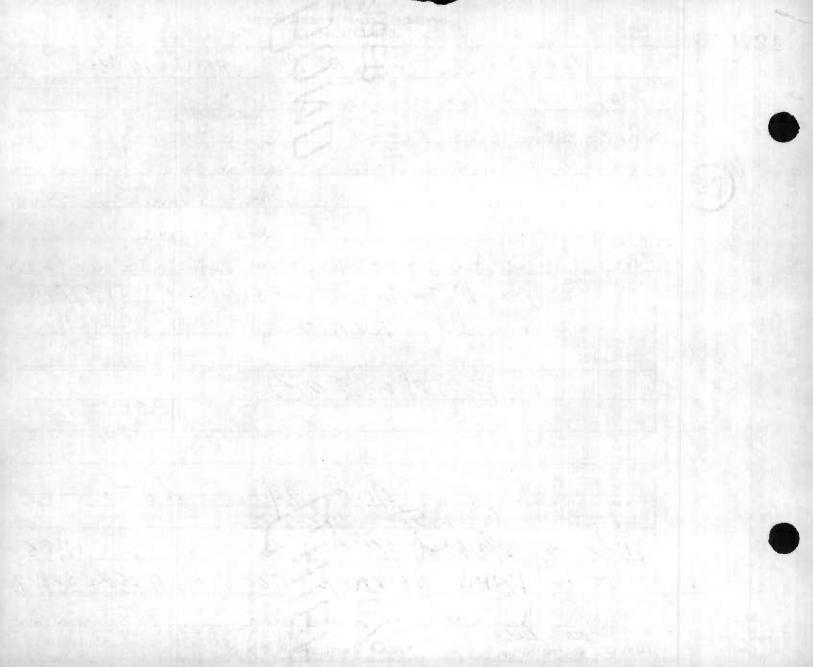
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250 DATE REC 0 BY REGISTRAR 250 REGISTRAR'S SIGNATURE 1 Francis GAsch's Sons F.H P.A. Hyatta Md

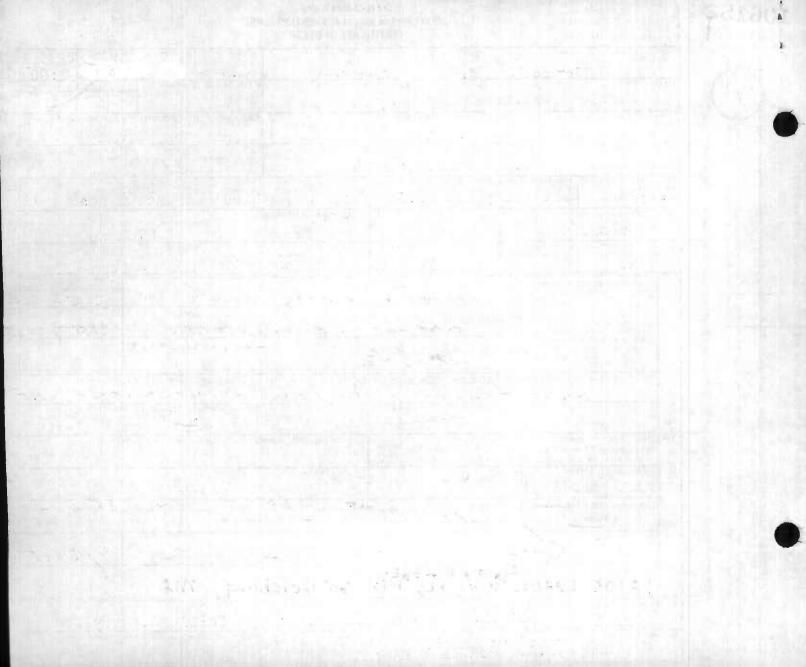
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127046	1-	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG, NO.	8 3
- F	(TYPE	CEASED NAME PRINT		GARNER	APRIL 10	1985 26 HOUR
Special median post of median post o	1.58	MALE	CA VLASIT	5. DATE OF BIRTH MONTH DAY YEAR December 31, 190	2 1	FUNDER I YEAR IF UNDER 24 HRS
turerol of the 72 h	W	RTHPLACE (STATE OR FOREIGN) OUNTRY) SSN 1970 D. C. TY OR TOWN OF DEATH	L CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	1 / -/	
	2	IVER SORING	(IF NOT IN SUCH FACILITY, GIVE STR FOR SOLD NOT SUCH RESIDENCE BE OTHER INSTITUTION GIVE RESIDENCE BE	REET ADDRESS) 19 + RETIREMENT CENTO FORENDMISSIONI	CR BB DRIVER	Self employed
TO THE PART OF THE	MS	THER'S NAME	gomeny Silver	SPRING 13d. INSIDE CITY LIMITS' YES NO 15 MOTHER'S MAIDEN	2101 Fairland	01 -
secured and completed and comp		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	Unobtainable ADDRESS	
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OR ATTEN TO DECTOR DO DECTOR DO DE TO THE THEM 21 IN		sow the deceated alive an about (1) (was said) (did not) 77h Stork Atuge	wew the body of the state S	M. GREE	on death occurred on the date and hou	22c. DATE SIGNED
HOSPITAL Borned by th Sold be den th the State		270. PHYSICIAN'S NAME (TYPE OR	PRINT) WARD	PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	14/19/83 16 Pa 208/19
2 2 2 3 3		URIAL, CREMATION, REMOVAL SPECIFY) BURIA		OUNSET MEMORIAL GOVERNMENT	CITY OR TOWN	STATE VITAULOS
DHMH - 16 50M 4/83 (VRA 15, 4)		NERAL DIRECTOR NO. B. A. NAME VHEELER AND THOU	ADDRES ADDRES	705 DRINGESS AME 250 [DATE REC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 2a DATE OF DEATH MONTH DAY DECEASED NAME (TYPE OR PRINT) Florence April 8 1 Gauthier 1985 IF UNDER I YEAR DATE OF BIRTH 3 SEX May 15.1910 MONTHS DAYS HOURS Female Caucasian 74 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia United States WIDOWED TX Montgomery County. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IN SUCH FACILITY, GIVE STREET ADDRESS) Rockville Darnestown Road Homemaker Home GIVE RESIDENCE BEFORE ADMISSION 20850 |13e.street ADDRESS 20850 |9100 Darnestown Road 13d. INSIDE CITY LIMITS? Montgomery Rockville Maryland YESXX NO [IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST MIDDLE Howard Bachman Mae Hickman 17 INFORMANT Daughter ADDRESS 166 SOCIAL SECURITY NO. IN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 42 0519 Carol Cooper No 578 Same as item Is CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF. underlying cause lost. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED pr IN CERTIFYING CAUSES OF DEATH? NOR YES [NO [Mental Hygie or Hem 18 sho 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this-hospital) attended the deceased from sow the deceased alive on. and that in (my) (and opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be detained with the State C O FUNERAL MPORTANT: 22e ADDRESS Gaithersburg 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATEADTI 23¢ NAME OF CEMETERY OR CREMATORY Suitland, Maryland Cedar Hill Cemetery 10,1985 Burial BP. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ROBERT A. PUMPHREY FUNERAL 24. FUNERAL DIRECTOR DHMH - 16 25M HOMES, P.A., ROCKVILLE, MARYLAND (VR A 15 (4)) 9/74



Female White The BIRTHPLACE INVATOR PORTION COUNTRY: KY THE CITY OR TOWN OF DEATH Bethesda	5 DATE OF BIRTH MONTH DAY Feb. 1, 1904 15. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL NURSING HOLE	Gaynor YEARS IF UNDER 1 YR. IF UNDER 24 DAYS HOURS A YRS. B MARRIED NEVER MARRIED WIDOWED DIVORCED	PRONOUNCED 4 9 BALTIMORE CITY OR COU	14 198 14 19 NTY OF DEAT
Female White The BIRTHPLACE INTATE OR FORMON COUNTRY KY THE CITY OR TOWN OF DEATH Bethesda	Teb. 1, 1904 81 7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL NURSING HOSPITA	VRS. DAYS HOURS A MARRIED NEVER MARRIED	PRONOUNCED 4 9 BALTIMORE CITY OR COU	MTY OF DEAT
KY IN CITY OR TOWN OF DEATH Bethesda	U.S.A.		_	NTY OF DEATH
Bethesda	11. NAME OF HOSPITAL, NURSING HO		□ Montgomery	
TICLIAL DECIDENICS	4907 Ft. Sumner D	AE, OR OTHER INSTITUTION	24 USUAL OCCUPATION ITYPE OF WOR FOR MOST OF WORKING LIFE) Homemaker	K 12h KIND OI OR INDI Home
IJE STATE 13b COUNT	rother institution, give residence before admit y 13c. CITY OR TOWN Bethesda		3e. STREET ADDRESS 4907 Ft. Sumner	Dr./208
TA FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) (IF YES, GIVE W	Mendoza MED FORCES? VAR OR DATES) Mendoza 16b. SOCIAL SECUR 578–64-6	Eal	ADDRESS ame as item # 13	Webb
PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO GEATH BUT NOT RELATED TO THE TE		l (a).	20. AUTO
UNDERLYING OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY, YE.	AR /	CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	YES (
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET 4907 F4 SUMNE	CITY OR TOWN BETTLESS!	COUNTY MORA
	e of the remains described above, held an accident , see Accident , see Accident .	TITLE (SPECIFY)	, Inquiry , and in my Undetermined manner ,	
	MALUITAN	M.D Deputy	_MEDICAL EXAMINER SIG	E 4/14
SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Fran 230.BURIAL, CREMATION, REMOVAL 23	ncis C. Mayle		is. Ave. Betheso	a. Md.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENT

	1 -	STATE REGISTRAR	0.									
		CEASED NAME FIRST	WIDDLE	i	AST	20 DATE OF DEATH	MONTH	DAY 12	85	26 HOU		
	LUBA BARON			CHERTS			4	12	83	8	AM	
	3. SEX	SEX 4 RACE		S. DATE OF BIRTH					IF UNDER 1 YEAR IF UNDER 24 HRS			
	F	Female White		June 15, 1905		79	YRS	5.				
1		BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT C		Y? 8 MARRIED X NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH						
	P	Poland U.S.A.			WIDOWED DIVORCED Montgomery			County. MD.				
1			11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING LIFE			126 KIND OF BUSINESS OR			
	Kensington Ke		Kensington Garde	ensington Gardens Nursin		Home Co-Owner			Grocery Store			
1	USUA 13a S	L RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CC	DE	(208	352)			
0	Maryland Montgomer				YES 📉 NO 🗌	261 Congressions						
7	14 FATHER'S NAME FIRST MIDDLE LAST				15 MOTHER'S MAIDEN NAM	WE						
/	Mendel Baron				Heshka	WIDDIE			Eisenburg			
1		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS					
	NO 217-44-5			5086								
		18 CAUSE OF DEATH :Enter only one couse per line for (a), (b), one		tic i,			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			atom arrest							
Н			DUE TO, OR AS A CONSEQU	ENCE OF	NCE OF			5400				
	1	Conditions, if ony, which	(16) Metasta	hie caremona of the color					3903.			
		gave rise to immediate Cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	of t	underlying cause last.										
	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
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2	CAI	JOB DATE OF OPERATION 196. CONDITION FOR WHICH (LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?				
	1					YES NOTO		YES NO				
7		210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR										
-	SAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19										
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, I	ARM ETC)	218. LOCATION STREET	CITY OR TOWN COUNTY STATE				TATE		
	2	AI WORK AI WORK										
		229.1 certify that the this base	allehded the deceased from	B	FFORE 10 GO	10 APRIL	12	10	25	hat B	- lost	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use with the State Dept of Heal BP.

MPORTANT. WILLIAM H. SILVERMAN 230 BURIAL, CREMATION, REMOVAL Burial 236 DATE 4/15/85

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

MD

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN MEDICAL

20852

23d LOCATION

LEBANON CEMETERY

BLVO.

apinion death occurred on the date and have and from the causes stated

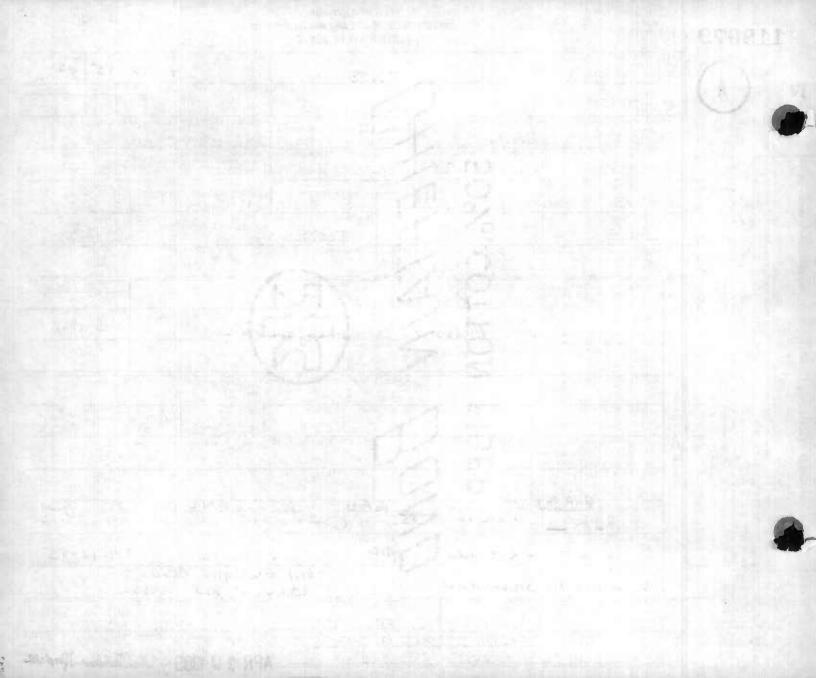
24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike: Rockville, Md. 20852

22c. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

MARYLAND

STATE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL TYGIENE **CERTIFICATE OF DEATH**

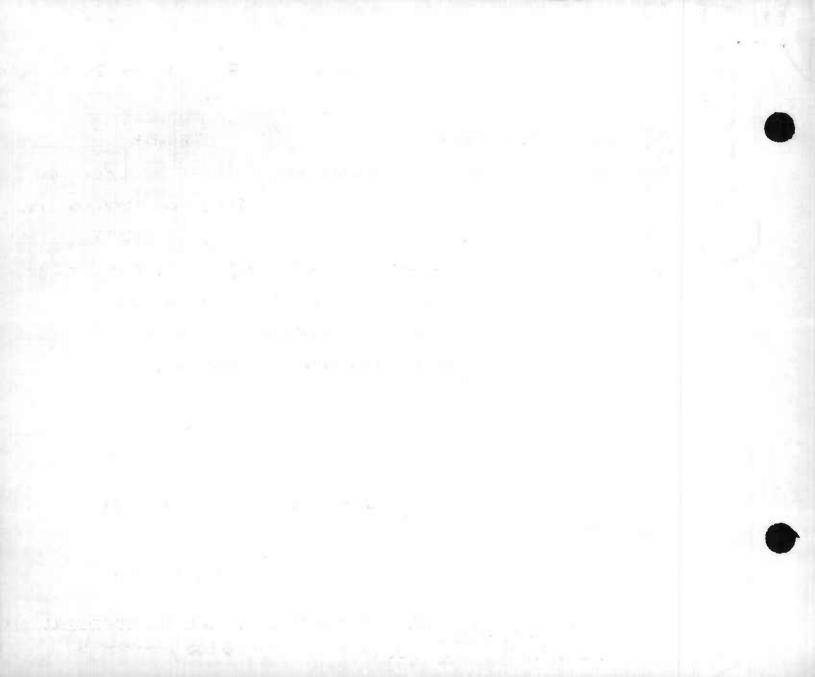
- 1									R	EG. NO.				
76. BIRTHPLACE COUNTRY) NEW JET 10 CITY OR TOWN TAKOMA 1			FIRST		MIDDLE		LAST		20 DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOL	JR
	1	OK PRINT!	MICH	AEL	JAMES	G	1BLI	N	9	4.	14.	82	12'	30 M
	3. SEX	(1. RACE		5. DATE C		YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	# UNE	DER TYEAR	IF UNDER	R 24 HRS
	. "	M	100	h)	MONIT	12	13	7/	YR:		DATE	17OURS	Mild.
r		RTHPLACE (STATE OR	FOREIGN	b. CITIZEN OF	WHAT COUNTRY	? 8.	□ NEVE	MARRIED 又	9. BALTIMORE	CITY OR COUN	TY OF D	EATH		
/		EW JERSEY		U.S. AND	WXXXXXX	WIDOWE		IVORCED	I · MC	NTGOME	RV			MD.
1	-	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI		OR OTHER IN	STITUTION	12a USUAL OCC	UPATION	121	KIND O	F BUSIN	
	TA	KOMA PARK			CHEACILITY, GIVE STREE	1 11	ENTIS1	Hosp.	TYPE OF WORK FOR		G LIFE) IN	DUSTRY	IG IS	. 1
9	USUA	AL RESIDENCE (# NUR		OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)							2090	
1	130. 5	MA	136 COUN	VER SPA	TIS CITY OR TO		YES T	NO []	13e.STREET ADD	NEW CO		054	0	1
9	14 FA	THER'S NAME	1012		11.014	1.6		S MAIDEN NA		14600	27 140	Panti	(6	
	11	ICHAEL	A	AIDDLE	BLIN		ED	ANCES	M	DDLE	DELA	IFV LAS	1	
_	_	VAS DECEASED EVER	R IN U.S. ARA		16b SOCIAL SEC	URITY NO.	17 INFORA		_	ADDRESS	VLLA	IL 7		_
	{Y	YES, NO OR UNKNOWN)		WAR OR DATES)			DD	TARRAN	DAVTED	CAUT	AS 1	2	EDTI	CMO.
	NO				227-76		DK.	JORDAN	DAXIER	SAME	AS I	APPROXI	FKIL	ENU
		PART I. DEATH V	TH (Enter onl	y one couse pe	r line far (a), (b), a	nd (c). 1	0	/-			-	BETWEEN	INSET AND	DEATH
				CAUSE (o)	CARD!	AC	HRRI	ST/C	ARDIACK	KRHYT	unh			
				DUE TO C	R AS A CONSEQU	IENCE OF		/						
		Conditions, if any	, which	()	MASSU		NITRA	VENTR	ICULAR	AND				
		gave rise to im	mediate) 10,			7.1.4							
		cause (a), stati underlying cause	-	DUE TO, C	R AS A CONSEOL		0-00	1. L	La 5. 000					
				(c)			REBO		AEMORI					
	z	PART 2. OTHER SIG	NIFICANIC	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOI RELAII	D TO THE TERM	VINAL DISEASE OF	R CONDITION	GIVEN IN	PARI II	3	
-19	CERTIFICATION	19a DATE OF OPERA	TION	TION CONF	ITION FOR WHIC	HODERATIO	AL VA/AC DE DE	OBMED	200 AUTOPSY	2 206 16	YES WEI	RE FINDIN	ICC LICE	
/	2	DATE OF OPERA	ATION	196 COND	IIION FOR WHIC	H OPERATIO	N WAS PERI	OKMED	200 AUTOPS			CAUSES		
and the	R						10				YES []		NO []
7		210. ACCIDENT WAS UN		HOUR A	.M. MONTH [DAY YEAR	Zit. HOW	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART I C	RPART 2)		
	MEDICAL	(IF EITHER NOTIFY MED			.M.	19								
	EDI	214 INJURY OCCUR	RRED		OF INJURY REET, FACTORY, OFFICE	EARLA STC)	21f LOCAT		Cl	Y OR TOWN	C	OUNTY		STATE
	Σ	AT WORK NOT W	ORK	(AI HOME, SI	REET, PACTORT, OFFICE	, PARM, EIC J								
		22a.l certify that (I) (this haspit	ol) ottended ti	ne deceased from	(4.7.	1985		. 14.	19.8	7	that (I) (we) last
		saw the decear above, (1) (wa)	sed alive on.	4.1	19_	850	nd that in (m	y) (our) o pinion	death occurred or	the date and	hour and	from the	causes st	oted
	2.0	22b. SIGNATURE	(did) (din no) view the body	offer death.		DEGREE			-		2 DATE	SIGNED	
			21	La	-			ATTENDING	MEDICAL	STAFF				
+	1.3	22d. PHYSICIAN'S N	AME (TYPE OF	PRHET			22e ADDR		DIRECTOR		11			
		R	TOSH	. 1	1.)			WA:	ZH. MO	VEN.	11071			
		10.0	10 3H	1										
		SURIAL, CREMATION	, REMOVAL	23b. DATE	23c	NAME OF C	EMETERY O	CREMATORY	23d. LOCATIO		cou	NIY		STATE
	·	RIPTAL		14/22/2	85 57	10 SF	PHISC	HURCH C	FMF HO	NV TRT			CCFI	I AI

DHMH - 16 50M 4/83

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FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VRA 15, 4)

APR 1 8 1985



x 120928	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND SALTH AND MENTAL PYG CATE OF DEATH	REG. NO.	3 8	8
9 P P P P P P P P P P P P P P P P P P P		CEASED NAME FIRST LOH)	WIDDLE	61	FFORD	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR 1:20 A.M.
ge 4 may be ectar, page 3 rs after death	3. SE		1. RACE White	5 DATE O	- CON TENTS	6 AGE (IN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR	
death. Page uneral direct hin 72 haurs		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED		Montgomery	يبظلك	MD.
1201 in by the filed with	柏	Takona Park	11. NAME OF HOSPITAL, NU	TREET ADDRESS)	Alth Core	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY	cation
JAND 2	130.	TATE 1 136 COUN	rundel City OR	TOWN TOWN	134. INSIDE CITY LIMITS? YES NO	15 75 COST	an Park	21114
Completed with		Vaclav VAS DECEASED EVER IN U.S. AR		velka	Anne 17 INFORMANT	WIDDLE	Maha	
ALTIMORE, to be executed in a be executed or	(8-5524 WXXXXX	Joseph H. Gi		Crofton	21114
requires that the death certifical requires that the death certifical in signed by the attending phys. Then please remave carban popur to burial, cremation, or remave injury, or ather traumatic event.	NOI	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	RC/NOM EQUENCE OF	A OF THE		N GIVEN IN PART 1	10*
TALRECOR	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	• •	YES NO X	IF YES, WERE FIND ERTIFYING CAUSE YES [HNGS USED S OF DEATH?
HYSICIAN: HYSICIAN: hading phys buriel-treat Mental Hy ar them 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE		19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART (OR PART 2)	STATE
OR ATTENDI OR ATTENDI OR DIRECTOR: A ached for use Dept. of Heal		220 certify that (I) (this haspenson the deceased alive on	atol attended the deceased for the latest the body after death.		d that in (my) (aux) opinion DEGREE ATTENDING PHYSICIAN 6	MEDICAL STAFF	22c. DAT	that (I) (in (i) last le causes stated ESIGNED 11 21, 198
TO HOSPITAL retained by th TO FUNERAL should be deto with the State		22d PHYSICIAN'S NAME (TYPE OF	LI		1721 UNIVE	RSITY BLVD		
BP		SURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	April 21 198	Metrop	METERY OR CREMATORY olitan Cremat	23d LOCATION CITY OR TOWN COTY Alexandri	a, Virgi	nia
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR all Funeral Hor	Bowi	Annapoli , Maryl	and 20715 AP	R 2 3 1985	GISTRAK S SIGNA	TUKE

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Wm. Lee's Sons Co. 300-4th St. NE, Wash.

(VRA 15, 4)

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and the same of th	-3092 John E.F.	575-63	0
	S. S	12.50	
7-21-85	<i>i.</i> -15		
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Lumial 4-24-1985 Arlington Lational Arlington, Virginia
J. Da. Log's Bors Co. 900-4th St., ME, Lash., LO

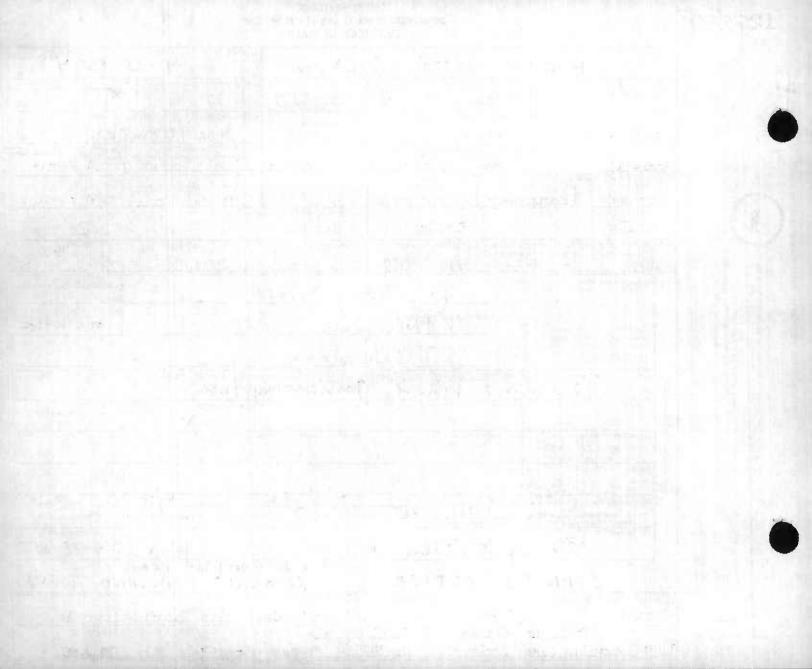
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HTGIENE CERTIFICATE OF DEATH

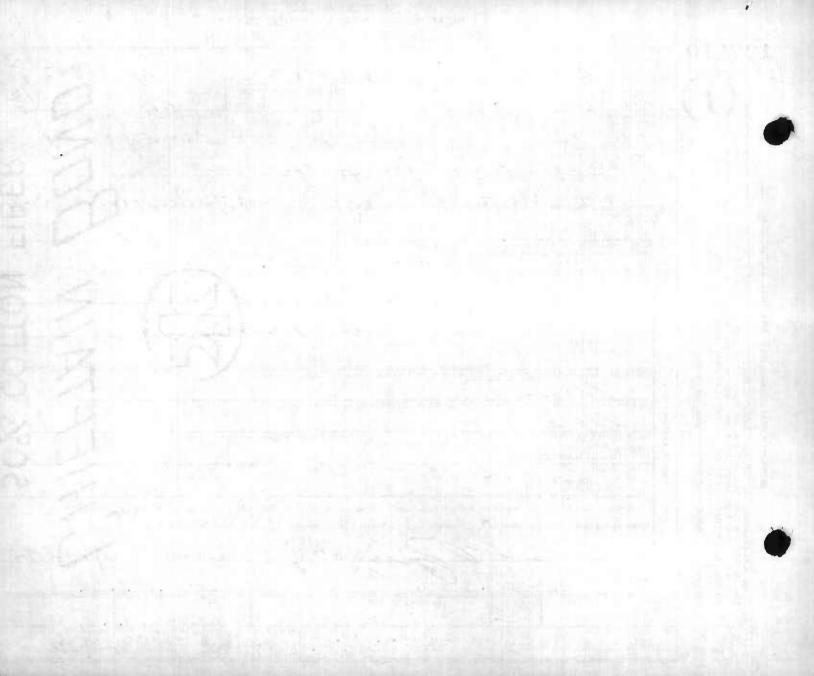
FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 75 HOUR YPE OR PRINTS Nathan Gilbert R. April 14, 1985 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR MONTH April 24, 1907 Male Caucasian To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED United States WIDOWED Montgomery County New York DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET U.S. Chevy Chase Davidson Drive Statistician Gov't SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Maryland Chevy Chaseyes 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Montgomery 4611 Davidson Drive 20815 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Nathan R. Gilbert E11a Marston 17. INFORMANT (Wife) 4611 Davidson Dr 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. WWII 577-28-2799 Rose Gilbert Yes Chevy Chase, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (antes me tastatic Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF IN IURY 211. LOCATION COUNTY STREET CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an A nril B5, and that in (my) (aur) opinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Sanford Markowitz 22d PHYSICIAN 22e ADDRESS NCI-Navy MOB NCI- NAVY MOB. SN 167 42 3342 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Crematory CITY OR TOWN CremationApr. 15, 1985 Metropolitan Alexandria Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

P.A. Bethesda, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Dr. Sanford Markowitz NCI-Navy MOB SN 167-42-3342

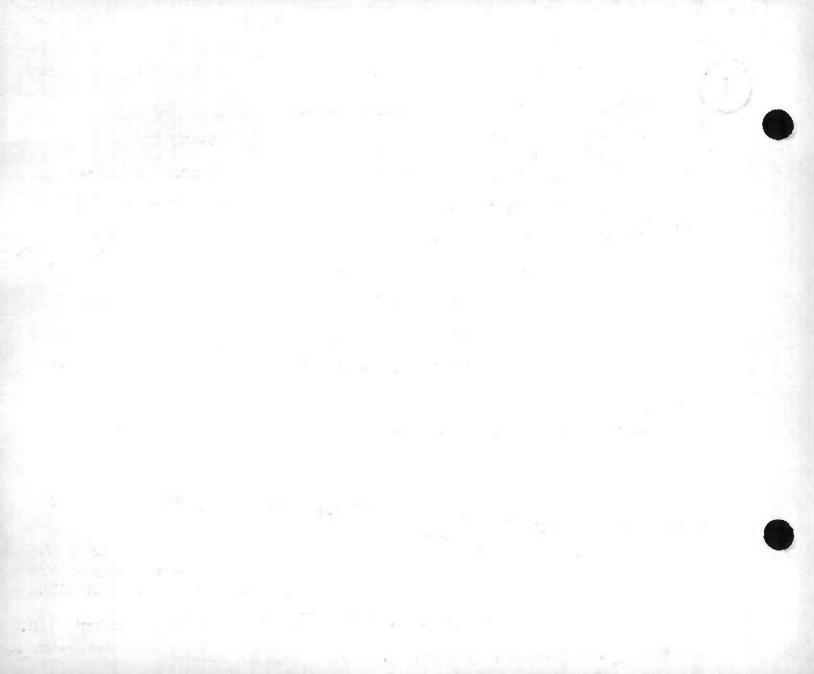




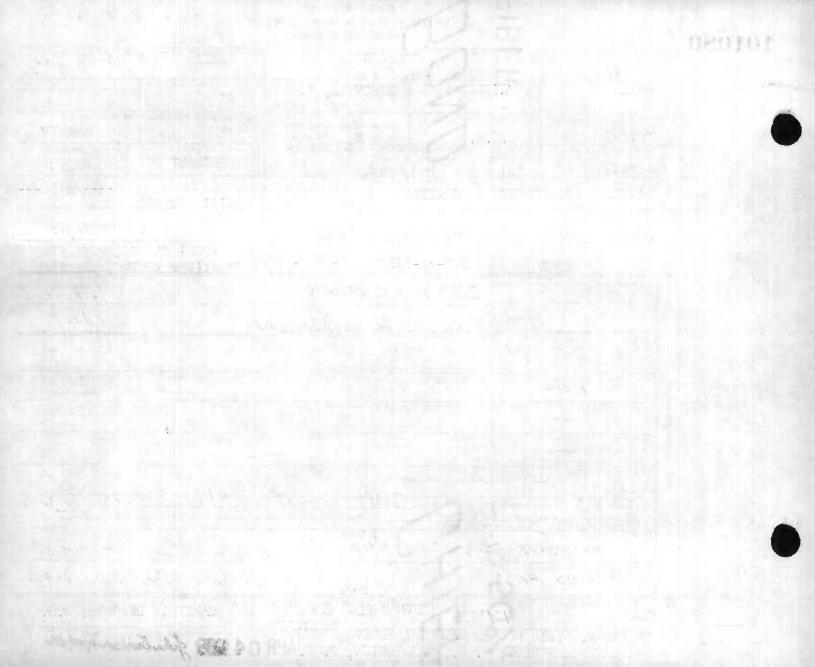
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL TYGIENE

03 1	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL WY CERTIFICATE OF DEATH	GIENE REG. NO.	
1.0	DECEASED NAME FIRST	WIODIE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
1"	YPE OR PRINT) MILTOI	N ANDREW	GILTZ	APRIL 16, 19	85 12:45P _M
3 5	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	MALE	WHITE	OCTOBER 5 1945	39	MONTHS DAYS HOURS MIN.
76.	BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR CO	
	England	USA	WIDOWED DIVORCED	MONTGOMERY C	
10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
	BETHESDA		ICAL CENTER	Salesman	Food
Z 130	STATE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13c. CITY OR TO		13e.STREET ADDRESS / ZIP	CODE
	ARYLAND Bring	ce George LAUREI		8350 IMPERIA	L DRIVE 20708
14	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
1		cald Giltz	Patricia	Elev	Winter
7 160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	2219 PERRY AVENUE
4	no	212-44	-0232 MILTON G. G.	ILTZ (FATHER)	EDGEWOOD, MD 21040
	18 CAUSE OF DEATH (Enter	only one cause per line for (0), (b), a	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) HYPOTEN	NSION		6 HOURS
		DUE TO, OR AS A CONSEQU	IENCE OF		
1	Conditions, if any, which	((b) COMA	SELICE OF		7 WEEKS
	gave rise to immediate couse (a), stating the		JENCE OF SUBARACHNOID	HEMMORHAGE ANI	
4	underlying couse lost		EBRAL INFARCTION	HERMORINION IN	7 WEEKS
z	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	
CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
/ I 🖺	HUDDIVADIV (10	OF DIRECTMANY MIL	MOD	YES THE NOT	TERTIFYING CAUSES OF DEATH? YES V NO NO
7 8	FFRUARY 6 19	216 TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	
//	OR CONTRIBUTION CONTRACTOR OF S		DAY YEAR		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
×	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
		nital) attended the deceased from	JANUARY 25, 19 85	APRIL 16	19_85that X (we) last
	to the deceased alive of	on APRTI 16 19	85, and that in XX (aur) apinia	death occurred an the date an	d have and from the causes stated
	22b, SiGNANTURE	(Xt) view therbady after death.	DEGREE		22c DATE SIGNED
	V- 00	8.151W1)	M N ATTENDING	MEDICAL STAFF	ADDTT 17 100
1	224. PHYSICIAN'S NAME (TYPE	ORPRINE		DIRECTOR PHYSICIAN	
/	1 2		NATIO	NAL INSTITUTES	OF HEALTH, 9000
-	DON ALD				MARYLAND 20205
230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
	Burial	April 20,1985	St.Mary S Episcopa	1 Abingdon	Harford Md.
1	FUNERAL DIRECTOR	ACORESS	25a. DA	TE REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGNATURE
H	oward K. McComa	s III. Abingdon.	Md 21009 AI	PR 1 9 1985	he besiden Ander



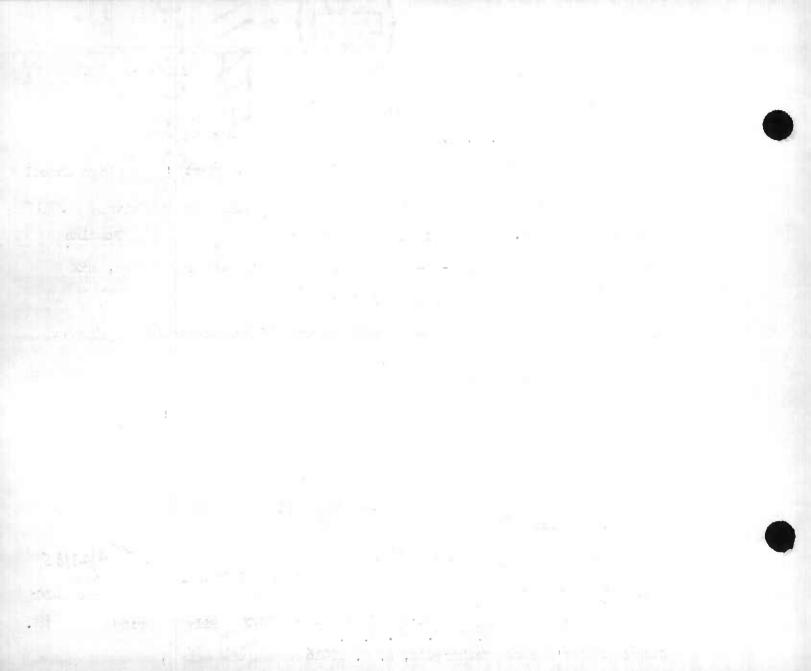
STATE OF MARYLAND



1061587	1-	FOR STATE REGISTRAR	D	EPARTMENT OF HE CERTIFI	GIENT REG. NO.	REG. NO.				
moy be . poge 3		CEASED NAME FIRST PORTY	ARACE AND	S. DATE O	pode	6. AGE (IN YEARS LAST BIRTHDAY	5 85 1:04	PM		
Page 4	7a BI	male RTHPLACE (STATE OR FOREIGN	Caucasian 76. CITIZEN OF WHAT CO	April	3 1934	51 9 BALTIMORE CITY OR CO	YRS	M Inc.		
(((A))	Wa	shington, D.C. TY OR TOWN OF DEATH	U.S.A.	WIDOWE		120 USUAL OCCUPATION	O WEND OF RUSINE	MD.		
1910	B	ettesda AL RESIDENCE (IF NURSING HOME OF	(IF NOT IN SUCH FACILITY, G	VE STREET ADDRESS)	Hospital	Booker	Goldwyn M	ayer		
1 11 16	130. S Ma	ryland Monta	NTY 13c CITY		YES NO NO		s Distillary R	0734 oad		
d 15 /	14. FA	THER'S NAME FIRST Gerald E	McDona	last	15. MOTHER'S MAIDEN N. FIRST Thelma	Elizabeth	Utterback			
tote be executed by the property of the medical and the medica	(VAS DECEASED EVER IN U.S., AR yes, no or unknown) {	IF WILD OR OLUGE	-42-7552	17. INFORMANT Loran H. Good	de Husband S	same as 13	51		
the de se		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (o ED BY: TE CAUSE (o)	e Card	iopulmon	ay failur	APPROXIMATE INTER BETWEEN ONSET AND	VAL DEATH		
te ottending important of the content of the corporation, or retroumblic expression, or expressi		Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	in dam	age.	48hs			
that the d by the ease rem		couse (o), stoting the underlying couse lost.	DUE TO, ORAS A CO	LE WY	socardia	Cinfacety	in A8 Rus.			
requires Then pl or to burn injury, o	NOI	PART 2 OTHER SIGNIFICANT (n, Drabete	ng to DEATH BUT	OT RELATED TO THE TERM	minal diserse or condition	ON GIVEN IN PART I IO			
ING PHYSICIAN: The low require of the tribing physicion. When this certificate has been sign of the buriol-transit permit. They this and Mental Hygiere prior to borked or tem 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	I WAS PERFORMED	200 AUTOPSY? 200 IN YES NO NO	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO	H?		
CCIAN: T g physics errificate nol-trons tem 18 sh		218. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	IEM 18 PART I OR PART 2)			
offending ter this of steep but wend Me rked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TOWN	COUNTY 5	PATE		
TTENDIN putol or TTOR: Af- for use of theolth		220.1 certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	Antil 5	from Februar		, to April 5 and the date of		,		
AL OR AL DIRECTOR AL DIRECTOR Dept. IT. If hem		22b. SIGNATURE	100	n D°	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED	5		
TO HOSPITAL (retoined by the TO FUNERAL Ishould be detoined by the Store (IMPORTANT: #		FARUK	026	R	ROCK	5 Rockvifle	20852			
₽₽ ¥ ₹ ₹ 3 3	1	BURIAL, CREMATION, REMOVAL SPECIFYI	23b. DATE Annil 8 198		METERY OR CREMATORY	23d LOCATION CITY ORTOWN ROCKVILLE N	lontgomery Mary	Panc		
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FL	DIERAL DIRECTOR Franci NAME O University Bl	is J. Collins	DDRESS	75a DA	TE REC'D. BY REGISTRAR 23b	REGISTRAR'S SIGNATURE	- CUILU		
	WV	LINE COLORED DE	We JAN	The sprendig	11111			- 4		

Joseph Gawler's Sons

STATE OF MARYLAND



- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AN GIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 25 HOUR APRIL 23 1985 & AGE IN YEARS LAST BIRTHOAY IF UNDER LYEAR BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 120 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 1211 FOX RUN PLACE MICHAEL K.GREEN.1211 FOX RUN PLACE WOODBRIDGE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

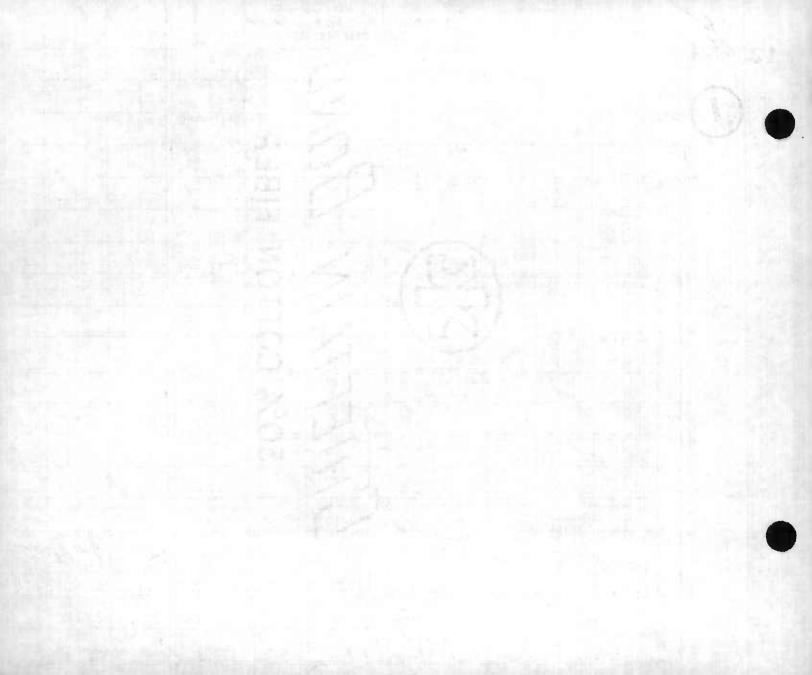
Burial 4/29/85 Resurrection Cemetery Oklahoma City, Oklahoma

24 FUNERAL DIRECTOR Cunningham-Mountcastle Fn. Hm.

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE wydon-Handell 13318 Occoayan Rd. Woodbridge, VA 22191

(VRA 15, 4)

DHMH - 16 60M 7/B4



1		1	FOR		51 A DEPARTMENT OF	HEALTH	AND MENTAL H	KICIENE I	8 9	8
1,0)	1-	STATE		DICAL EXAMIN			EDEATH		
(('/	100045		REGISTRAR CEASED NAME FIRST	ERNEST	MIDDLE		ROSKURD	20 DATE KNOW	G. NO.	DAY YEAR THE ANDLINE
~1	10201		E OR PRINT)	. /		D .	1 1-	OF ESTI- DEATH MATE	_1	1 - De 1830
	ECTOR ECTOR FILES STREET	3. SE)	I4 RACE	ner of BIRTH	I6. AGE (IN YE		DER I YR IF UNDER		KONTH	DAY MA TANGER
	STEE		And tabit	MONTH DAY	YEAR LAST BIRTHD			MIN. PRONOUNCED DEAD	dai	15 pt 3
	ESSARY, PLEASE RAL DIRECTOR IN YOUR FILES. HIN YOURS ESTON STREET,	7n B	RTHPLACE (STATEOR	76 CITIZEN OPW	HAT COUNTRY?	RS.		- 9 BALTIMORE C	ITY OR COUNTY	OF DEATH
	S S S S S S S S S S S S S S S S S S S	FC	REIGN COUNTRY) INDIANA	USA			ED NEVER MARRIE	DU	7	4
	NO.	To c	TY OR TOWN OF DEATH		SPITAL, NURSING HOM	WIDOW E. OR OTH		124 USUAL OCCUPATION	TYPE WORK 112	MD.
	A PAGE AS A PAGE A PAG	1	Ashbon		CILITY, GIVE STOPET ADDRESS)	2 0 /	RI	for most of working life Operator	E)	OR INDUSTRY Railroad
_	OE EOS				VE RESIDENCE BEFORE ADMISS	ION)	lan anna anna			
21201	AND	13a S	Med In	mth	AS E +	TON F	13d. INSIDE CITY LIMITS? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	13. STREET ADDRESS	ton.	R 20861
MD.	H 24 m 24 m		ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE		
	SES I		GEÖRGE	-	GROSKURD		EVA	-	BRA	ANDT
IMO	N SS O A	16a \	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURIT		17. INFORMANT		RESS	Ashton
BALTIMORE,	JRS AFTER 3. GIVE PA WITH FOIL PAGES DIVISION		NO		705-12-81	171	LOIS SUTTO	N 1801 Mink	r Hollow	
	Jw		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly one cause per line	far (a), (b), and (c).)		,	, / ,	hi.	APIZOS O NIERVAL BETWEEN ONSET AND DEATH
PRESTON ST	24 HOUI TEM 18. ONG V PERMIT. SIENE, I			DIATE CAUSE (a)	Nonth	/	uyocz	rdize	103	
EST	4-1.02	B	Canditions, if any, wh		AS A CONSEQUENCE	OF	1	1:-1	Di	
<u>a.</u>	WITHIN WCIL IN INER A RANSIT TAL HY		gave rise to immedi	ate (b)	uvoni	~ /	nyour	V 0 12 1	11.1	
201 W	イ告タトスの		lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF				
	TO SEE SEE	10	BARL & GAMER CHANGE CANAL	(c)						
RECORDS	ULD BE EXECUTED IN PROPERTY IN	z	PART 2 OTNER SIGNIFICANT CONDITION	DAS CONTRIBOTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASI	OR CONDITION GIVEN IN PAR	T 1 (a		
REC	AEALE ALE	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPER	RATIONW	AS PERFORMED?			20 AUTOPSY?
VITAL	とと言うなる~~	FIC	1100	re						YES NO
<u> </u>	ATE SHORE THE CHILD BE U	ER	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c. HC	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART :	
DIVISION OF	CERTIFICATE SITING THE WORDED TO THE CLEAS SHOULD BE COEPARTMENT OF PRIOR TO BE		UNDERLYING OR CONTRIBUTING CAUSE		MONTH DAY YEA	R				
VISIO	ERTING SEPA	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,		CATION		-	
Ž	II. THIS CER IE, WRITIN RWARDED PAGE 3 SI STATE DEP 7, 21201 PR	¥	WHILE AT WORK TO AT WORK	STREET, FAC	TORY, FARM, ETC.)	S	TREET	CITY OR TOWN	COUN	TY STATE
			22a I certify that I took ch	arae of the remains des	scribed above, held an	Autap	sy 🔲, Inspection	Inquiry .	and in my apin	uan
	きたっぱさる	17		atural causes		vicide 🔲	Hamicide .	Undetermined manner	Π,	
	CERTIFICATION BENEATH WARY		1	00			TITLE (SPECIFY)			- (
	A SHAPE		SIGNATURE	1.7	1 apr	M.	D. Dan.	MEDICAL EXAMINER	DATES	pro15,1919
	AMEDIC CUTE I SE 4 SE FUNER ER DEA		EXAMPLES NAME TO		0					
	TO MEDICAL ED EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, BANETIMORE, M.		(TYPIGER PRINT) DIC	. JOHN S. H			ALD DIEGO	LVER SPRING,	MD.	
	EDSEAG	230.B	urial, cremation, remova CREMATION	APR. 6, 198	DAT TO THE			23d LOCATION CITY OF TOWN	COUNTY	
07/84 25M	BP	24 5	UNERAL DIRECTOR	1111000,170	BALT.W	Aon.		LAUREL	MONT.	MD.
	DHMH - 17 (VR A15 ME (5))		FRANCIS H. BAF	RBER LAYT	ONSVILLE, M	D. 20	0879 APR	A O 1985	REGISTRAR'S SIG	- Company
	(AK WID WE (D))					200		- (J. 1000)		All and the second second

CLINE IN NO 513 537 ELS MAINTENSE WAYED WINDS Many Course Lavored Line Many

102115	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	ALTH AND N	MENTAPHYGI		EG. NO.	0 0	
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oge 4 mo	3. SE	Male		hite	5. DATE OF	BIRTH OAY	1 9 P	6. AGE IN YEARS LAST BIRTHDAY) 65 YRS.		MONTHS DAYS	HOURS MIN.
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y filled in	13a Me	TATE 136	COUNTY George	13c. CITY OR TOW	N	3d. INSIDE CI	NO 🔀		RESS Bedlewood	Lane	20716
complete		George VAS DECEASED EVER IN U	MIDDLE W.	Haire			ery	EL	zabeth	Cas	
ton and transfer Pages		YES NO OR UNKNOWN)	VES GIVE WAR OR DATES)	247-18-9	303			. Haire	2809 Ne Bowie		16
certificate ng physic ban pape r removal		18 CAUSE OF DEATH (E PART I. DEATH WAS IMA	AEDIATE CAUSE (0)_	CALD	HC		REST			BETWEEN O	NE NE
ne death ne attend mation, a		Conditions, if any, who	ore	ASTK		ESTI	NAL	BLEE	DING	- 24	MS
ned by the please re unal, crea		couse (a), stating underlying cause (couse for part 2 OTHER SIGNIFIC	ost. (c)	TRES	SU	LCCK	AT L	DN of	STOMAC SCONDITION GIV	CH A	hrs
ow require been significant. Then prior to by ony injury	CATION	CORDNA	RY ARTE	ERY DIS	EAS	WA PERFOR	REBR	OVASCU 200 AUTOPSY		SEAS WERE FINDIN	
N. The kysicion. cate has consit per Hygiene	CERTIFICATION	MARCH 21		OF INJURY	ART	ELY 21c. HOY IN.	DISEA JURY OCCURR				NO [
PHYSICIA inding ph this certif this certif d Mentol	WEDICAL	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED	XAMINER) PLACE	P.M. OF INJURY TREET, FACTORY, OFFICE, F.	19	211 LOCATIO	N	CIT	Y OR TOWN	COUNTY	STATE
NDING P I or other R: After the use as the fealth one	2	while at work Not while at work 220.1 certify that (I) (thi	hasnital) attended t	he deceased from	MARC	H 21	. 19.85		114 7		hat (I) (we) last
OR ATTE he hospito DIRECTO oched for Dept. of H		saw the deceased a obave, (1) (we) (did) 21b. SIGNATURE	live an ARR I	y of endeath.		GREE			the date and hou	22c. DATE S	
by the by the by the BRAL State Anti. I ANT. I		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	Mu.	C.	22. ADDRESS	TTENDING PHYSICIAN S	DIRECTOR F	PHYSICIAN D	HYK	ZPKIN
Shoot shoot	23a	BURIAL, CREMATION, REAL SPECIFY)			AME OF CE	METERY OR C		23d. LOCATIO CITY OR JO	224/21	40.00	902_
BP DHMH - 16 50M 4/82	24 F	Burial JNERAL DIRECTOR NAME	enthall (ac	5 1,600	O Anna	polis	Rd 250. DATE		enham, P	r.George	RECTALLE
(VRA 15, 4)	B	eall Funeral	Home	Bowi	e. MD	20715		13 2 3	00		

Bowie, MD 20715

Johns spiller iters licable sologien Moryland Pr. Coorga's Howis A 200 CONTROL CONTR Deorge V. Laire Mary Clarks. TES W II = 247-18-9303 fro. Johns S. Lairu John Bolls, No 20715 LILLIAN BEAUTION OF THE LILLIAN AND LINE AND LIN CARSTRO BREET WALL PLUE STORY OF THE AND DESCRIPTION DESCRIPTIONS ON THE PROPERTY OF THE PROPERTY O T.M. T.M. 그리트 그는 말은 그 사람들은 사람들은 사람들이 되었다. Aurici , April 10, Moryland Veteruns Sec. Unsitedies, Pr. Scorgets, En . In aidems. in Occasion and a contract of the Scall morrol lone Forde, 5 10,13

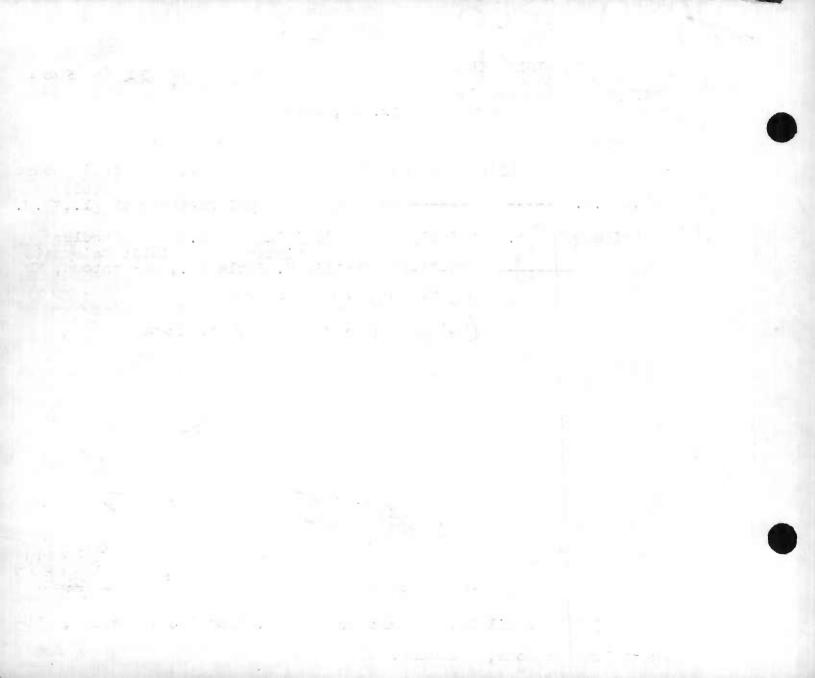
filled in by the funeral directo ould be filed within 72 hours of

STATE OF MARYLAND FOR STATE

1	DSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CIVE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CIVE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, CIVE RESIDENCE (IF NO INTERIOR OF COUNTY INTO INTO INTO INTO INTO INTO INTO INTO	CERTIFICATE OF DEATH			REG. NO.					
ı				HAIS	TD	2a	DATE OF DEATH MONTH	ANY DAY	YEAR	26 HOUR
	(TYPE	11.1.777.07	NIA ELLA	Hais			H	22	85	5:05 Au
Ł	1 SEX		PACE .	5. DATE O		6. /	AGE (IN YEARS LAST BIRTHDAY)		ERIYEAR	IF UNDER 24 HRS
1	J. JLA	FEMALE	Caucasian	MONTH	DAY YE			MONTHS	DAYS	HOURS MIN.
1	te	anale 1		Dec.	10, 190		V V	YRS.		
			CITIZEN OF WHAT CO	UNTRY?	NEVER MARRIE	0 4	BALTIMORE CITY <u>OR</u> CO	UNTY OF DE	EATH	
1			USA	WIDOWE			Montgomery	9		MD.
Z	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL	, NURSING HOME O		N 120	. USUAL OCCUPATION	12b.		BUSINESSOR
A	Por	okwille	COLL TO CENT	GIVE STREET ADDRESS)	ing Home	d'	YPE OF WORK FOR MOST OF WORI ecretary	ING LIFE) INC	DUSTRY	nghouse
					Tilg Home		ccrecary	-		
	13a. S	TATE 136. COUNT			136 INSIDE CITY LIM	AITS? 13e	STREET ADDRESS / ZIP	CODE /	200	16
	Was	sh., D.C			YESX(X) NO [601 Butter	worth	PI	N.W.
),	14. FA		inn.c	LAST	15. MOTHER'S MAID	ENNAME	WIDDIE		LAST	
/				slip	Virgi	nia	E.	Ch	and:	ler
	16a W			IAL SECURITY NO.		iste				rymaid
	(4		WAR OR DATES)	03 5060						
4	-	NO I	5//	-03-5960	Phyllis	п. ь	ttle Dr.,			wn, MD
1		18 CAUSE OF DEATH LEnter only	one couse per line for to	ol, (b) and (c)	1: 1	00				MATE INTERVAL INSET AND DEATH
		IMMEDIATE	CAUSE (a)	Masin	NO C	17/	roma		12	MAS
1			DUE TO OP AACO	ANSEQUENCE OF		0	2		0	
-1		Conditions if any which	(IS	MANL	my 1	N	(Mande	2		
1		gove rise to immediate	(8)	161						
1			DUE TO, OR AS A CO	DNSEOUENCE OF		V				
1			(c)							
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO TH	IE TERMINA	AL DISEASE OR CONDITIO	N GIVEN IN	PARI Ha	
	5						22 11700000	IF WE C. MEE	FFINE	
7	CA	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED			IF YES, WER		
-	1						YES NO	YES		NO 🗌
2	CER		21b. TIME OF INJURY		21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJURY IN IT	EM 18 PART I OF	RPART 2)	
7				NIH DAT TEAR						
	20		21e. PLACE OF INJUR		211 LOCATION					
	ME		(AT HOME STREET, FACTOR		STREET		CITY OF TOWN	09	Butty .	STATE
		AT WORK AT WORK	1 ,	7	10186		1	1	4	
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		obove, ill immiddle (did not)	view the bady after dea	19 85 Fon	id that in (my) (pinion dea	th occurred on the date or	id hour and f	rom the c	auses stated
			11/		GREE			2	2c. DATES	IGNED / C
		thus a	mind	m	ATTEN	DING A	MEDICAL STAFF		41:	22/21
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		Ha/ 1	MARION	1.11/2	0 -/1-	-1-	BAIL	10/	10	2
		7/102 0.	MAKD	41101	Journ	, Kry	SIEVI	poqu	7(04)	-
		SPECIFY)	23h. DATE	23c. NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION	COM	NIA	STATE
	,	Burial	April 25.	1985 Old	Durham	Cem.	Tronsides	, Cha	irle	s, MD
	24 FL	INERAL DIRECTOR				25a DAME A	CO BY REGISTRAR 256.A	EGISTRAR'S	SIGNATA	URE
	1.7	untt Funeral	Home Wa	ADDRESS M	D	AFR	4 9 1985	Ta Day	dson-1	panoletto:
		untt runeral	Home, wa	TGOTT 9 II	LU .					•

DHMH - 16 50M 4/83 (VRA 15, 4)

Huntt Funeral Home,



STATE OF MARYLAND

CEPTIFIC ATE OF DEATH

REGISTRAR		CERTIFICATE	I PENIII	REG. NO).		
1 DECEASED NAME FIRS	T MIDDLE	LAST			MONTH DAY	YEAR	2b. HOUR
MABE	L E	HAMM	EL	Apr. 2,	1985		11:30 pm
3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE IN YEARS LAST BIRTH		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
Female	White	Nov. 13	, 1906	78	YRS.		HOURS MIN,
70. BIRTHPLACE STATE OR FOREIG COUNTRY)	U.S.A.	MARRIED NEV	ER MARRIED DIVORCED	Montgomery		DEATH	MC
O CITY OR TOWN OF DEATH Bethesda	(IF NOT IN SUCH FACILITY, GT	NURSING HOME OR OTHER VE STREET ADDRESS) Lale Rd.	INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF HOMEMAKE	WORKING LIFE)	126. KIND C INDUSTRY HOI	DF BUSINESS OR Me
13k STATE 13b	ontgomery Beth	CE BEFORE ADMISSION) DR TOWN 13d. INSIC		134.STREET ADDRESS / 5105 Scars	zip code dale R	d. 2	0811
August	MIDDLE Web	ASI	Bertha	MIDDLE		(Un	known)
(YES, NO OR MKNOWN) (IF)	ES GIVE WAR OR DATEST	-20-7899 Lou		ADDRES			(MATE INTERVAL ONSET AND DEATH
Conditions, if ony, whis gove rise to immedia couse (a), stating tunderlying couse lo	DUE TO, OR AS A COL	ranjante	desen	<u> </u>		10	YD.
PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELA		200 AUTOPSY? YES NO	20b. IF YES, W	VERE FINDI	
210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER, NOT IFY MEDICAL EX	OF DEATH HOUR A.M. MON	TH DAY YEAR	V INJURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
214. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY		ATION	CITY OR TOW	VN	COUNTY	STATE
sow the deceosed ali above, (I) (we) (did) (a	hospital) attended the deceased ve an 2 2 3 did not) view The Opdy after deat	1985, and that in	my) (our) opinion d	, to 2 2 8 leath occurred on the do	te and hour a	nd from the	
226. SIGNATURE	1 Dece	DEGREE		MEDICAL STAF	IAN 🗌	apr.	13 1985
224 PHYSICIAN'S NAME		220 ADD	RES 5530 Wi	sconsin Ave		4	
Richard Scho	enfeld MD.	Char	mr Chago	Manualand	DORTE		

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016

236 BURIAL, CREMATION, REMOVAL (SPECIFY Cremation

Suitland, MD

23d LOCATION

STATE

COUNTY

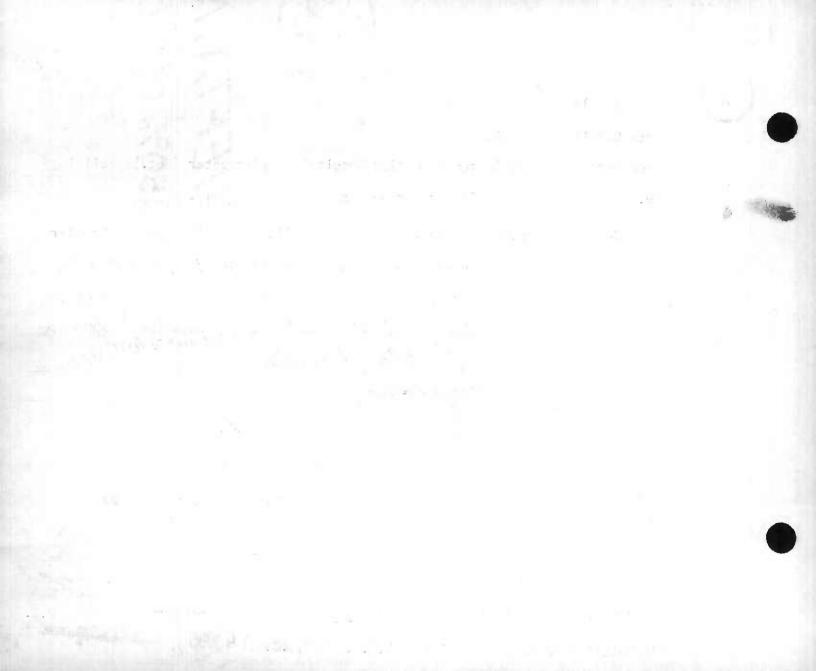
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20037	FOR STATE REGISTRAR		DEPARTA	MENT OF HEAL	MARYLAND TH AND MENTAL RY TE OF DEATH	GIENE REG. NO.	903	Š
3 74	1. DECEASED NAME (TYPE OR PRINT)	LOUIS	WIDDLE	HA	MMER	20. DATE OF DEATH MO	1 15 83	26 HOUR / / / / / / / / / / / / / / / / / / /
4 may	3. SEX	4. RACE		S. DATE OF BI	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAY	
Pope Share	Male	OR FOREIGN 76. CITIZEN O	sian F WHAT COUNTRY?	May 13	, 1889 NEVER MARRIED	9. BALTIMORE CITY OR C		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Russia 10. CITY OR TOWN OF		HOSPITAL, NURSIN			MONTO	126. KIND	MD. OF BUSINESS OR
1100	Rockville	Hebre	W Home of	Greater	- Washingto	TYPE OF WORK FOR MOST OF WO		r pentry
A BS	130. STATE Marvland	136 COUNTY Mont.	13c. CITY OR TOW	N 13d	INSIDE CITY LIMITS?	130. STREET ADDRESS	rose Poad	2085
111/10	14 FATHER'S NAME	WIDDLE	LAST		MOTHER'S MAIDEN N		- Towa	LAST
od som	Leopold 160 WAS DECEASED EN (YES, NO OR UNKNOWN	ER IN U.S. ARMED FORCES	Hammer		Sophia	ADDRESS	unknow Silver Spr	ing,Md.
2 0 d a /	Yes	ATH (Enter only one cause p	577 16 2		abbi Martir	S. Halpern:l	0712 Woods	sdale Dri
requires that en signed by . Then please or to buriol. or y injury, or oth		(c)				MINAL DISEASE OR CONDIT		
The form	19a. DATE OF OPE	RATION 19b. CON	DITION FOR WHICH			YES NO	Db. IF YES, WERE FIND N CERTIFYING CAUS YES	NO _
Class 1 physic address add from the 18 a	2)0. ACCIDENT WAS	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2	n
Sheriding within or tond Me had or it	21d. INJURY OCC	URRED 21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, F	21	LOCATION	CITY OR TOWN	COUNTY	STATE
ATTENDIA potal or STOR AF Sor use a of Health	saw the dec	(I) (this hospital) ottended eased alive an e) (did) (did not) view the ba	19 @	11 2.2 7 , and th	at in (my) (aur) opinio	n death occurred an the date	and have and from t	, that (1) (we) lost the causes stated
At OR the har at DIRE letached betached the Dept.	27b. SIGNATURE	ADG ON		- 259	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	1 4/	TE SIGNED
onned by the country the Sone	22d. PHYSICIAN	D. PATEL		27	YADDRESS A21 MONT	TROSE RD	RockVIL	LE MD
BP	230. BURIAL, CREMATIC (SPECIFY) Buri		18 1985Ha		chot	23d LOCATION CITY OR TOWN Jerusalem	, COUNTY	rael
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTO		ADDRESS		25a. D	2 1085		ATURE

DIVISION OF VITAL RECORDS

(VRA 15, 4)



1	27182		1-	FOR STATE REGISTRAR			DEP	ARTMENT	T OF HE	OF MARYLA ALTH AND I CATE OF D	MENTALITY	IENE	REG. NO	9	0 5	
	noy be poge 3		{ TYPE		FIRST DUG	ewne.	B.		Ha	nnau	124	2a. DATE OF	DEATH /	4 20	1 85	10-AM
3	dor, pe		3. SE)	Female		4 RACE	ta		MONTH Dec	DAY	1925	6. AGE (INY	EARS LAST BIRTI	MC	UNDER I YEAR	HOURS MIN.
	Pog direc		7a. BII	RTHPLACE ISTATE OF FO	REIGN	7b. CITIZEN OF		ITRY? 8				9 BALTIMO		COUNTY	F DEATH	
	eoth.	52		Indiana Indiana		U.S		M	ARRIED	NEVER A	MARRIED W				tgomery	MD.
10	ofter d	95		Y OR TOWN OF DEAT	'H	SUDDO	HOSPITAL, N		OME OF	CT WA	MOITUTION	170 USUAL O	FOR MOST OF	WORKING LIFE)	126 KIND OF INDUSTRY Retai	CTOTU-
JD 2120	ours d be fil			L RESIDENCE (IF NURSIN		, ,	GIVE RESIDENCE	BEFORE ADMI	ISSION)	13d. INSIDE C		13e STREET			(2087)	
RYLAN			14. FA	Md . THER'S NAME		gomery MIDDLE	Gaith		rg	YES X	S MAIDEN NA		WIDDLE	1 50.	LAST	
MA	1	25		Raymond		A.		lweg			ildred	Select	-		Grati	
MORE,	e exect	leonous de la composition della composition dell		AS DECEASED EVER II		MED FORCES?	166 SOCIAL 529-2	SECURITY 26-30		17. INFORMA Penny	Evans				adow Pi	
r., BALT	physicial movel.	vent, inc		18 CAUSE OF DEATH PART I. DEATH WA		ily one couse per D BY: TE CAUSE (a)				mone	5 a	mul				NATE INTERVAL
IDS, 201 W. PRESTOR	equires that the death is signed by the attender to burion, cremation, or	alory, or other trough	NO	Conditions, if ony, gove rise to imm couse (0), storing underlying couse PART 2. OTHER SIGN	the lost.	(b) DUE TO, O	R AS A CONS	SEOUENCE	OFC		TO THE TERM	NINAL DISEAS	e or cone	DITION GIVER	2 hn	>
AL RECORDS,	he low re on. hos beer t permit.	9	CERTIFICATION	190 DATE OF OPERAT	ON	19b. CONID	ITION FOR W			WAS PERFO	DRMED	70a AUTO	PSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES (GS USED OF DEATH?
DIVISION OF VITAL	ICIAN: T g physical entificate iol-fronsit ntol Hygi	9		710. ACCIDENT WAS UNDER OR CONTRIBUTING C.	AUSE OF DEA	HOUR A.	M. MONTH	H DAY	YEAR 19	21c HOW IN	IJURY OCCURI	RED (ENTERNA	TURE OF INJUR	Y IN ISEM 18 PAR	T I OR PART 2}	
VISION	G PHYS offendin ter this c s the bur	xed or	MEDICAL	21d. INJURY OCCURRI	E	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, O	OFFICE, FARM, E	ETC)	21f. LOCATIO STREET	NO		CITY OR TOW	'n	COUNTY	STATE
۵	or o	e e		22a.1 certify that (I) (this hospi	tal) attended th	e deceosed f	rom			_, 19	, to		, 19), tl	not (I) (we) lost
7	Spirol for of H	7	14	sow the decease obove_(1) (we) idi	d olive on	t) view the body	ofter death.	19	on	d that in (my)	(our) opinion	death accurre	d on the do	te and hour o	and from the c	ouses stated
	the hor Al DIRE	1: H Her		276. SIGNATURE	- ru	De.	_		C		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		22c. DATE S	IGNED
	O HOSPITAL etained by th TO FUNERAL should be det	N N N N N N N N N N N N N N N N N N N		22d. PHYS CIAN'S NA	WE LIVE O		EOM	ng N		120. ADDRES	-15 E	Deer	Pan	ek. J	2 6	at THE SEC
	5 2 3 5	5		URIAL, CREMATION, F	EMOVAL						CREMATORY	23d LOCA	TION		COUNTY	STATE
	BP			Burial		5/3/11				n Ceme			cville		ntg.	Md.
	DHMH - 16 50M 4/ (VRA 15, 4)	82	Ga Ga	rtner Sand	San	F.H.	316 E	rsbur	mond	Ave.				Sb. REGISTRA	AR'S SIGNATU	

SARS TO LIKE UNION CLA Thirte Dec. 30 Tres .A.B.U angibna Ad. | Hosteomery | alterent | cli | the control of bernil period 289-20-303 istas Vess Jakelanding . U.S. 20079 Santal Santal Santal Constant Indeposit I the street in

24 FUNERAL DIRECTOR

DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR Hansford 20. DATE OF DEATH MONTH 2b. HOUR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5 DATE OF BIRTH 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 10NTGOMEN WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Registered Nurse Nursing GIVE RESIDENCE BEFORE ADMISSION) 20852 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 4727 Boiling Brook Parkway/ NO X 15. MOTHER'S MAIDEN NAME MIDDLE E11en Smith 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Louise H. Osborne (daughter) Same as 13 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHERSIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR 211 LOCATION STREET CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Clarksburg, West Virginia 11 Apr 85 Elkview Masonic Cemetery, Burial

DHMH - 16 50M 4/83 (VRA 15, 4)

Capitol Funeral Service, Falls Church, VirginiaAFK

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



The state of the s A STATE OF S Some sixue the court thereases there were The state some in the state of MESSELL HOLLES THE HESSELL M. The waster of the state of t Contracting Special to I formally Complete Scholleger (Chi. Miles Then have for the second of the second was a way to 116100

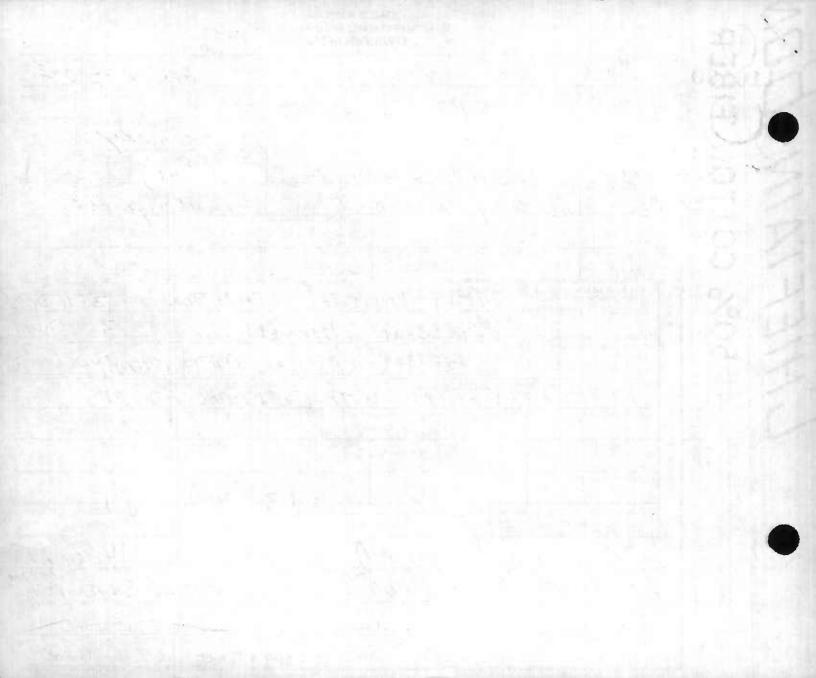
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DECEASE (TYPE OR PRIN

FOR STATE REGISTRAR	DEPARTA	REG. NO.	9 0 8	
EASED NAME FIRST	Jensen Ha	ENSON	20 DATE OF DEATH MONTH	16 85
Female	CrucasiAN	S. DATE OF BIRTH MONTH AONTH AONTH	6 AGE (IN YEARS LAST BIRTHDAY) YR:	MONTHS DAYS
York	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED WIDOWED DIVORCED	MANTGOME	VERY C
Y OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN		The USUAL OCCUPATION	126 KIND O INDUSTRY

2 SEX. ounty F BUSINESS OR Hospita1 20,815 15 MOTHER'S MAIDEN NAME HERS NAME MIDDLE LAST John Jensen Talmina Jensen 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? I # 165, GIVE WAR OF DATES! Richard L. #13 Hanson, same as 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, il ony, which gove rise to immediate couse (a), stoting underlying couse CERTIFICATION 90 DATE OF OPERATION 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? NOX YES T NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) T HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY stani EIN DATIONS AT HOME STREET, FACTORY OFFICE FARM ETC) STREET NOT WHILE 22a I certify that (I) (this hospital) attended th deceased from and that in (my learning death occurred on the date and hour and from the rules stated should be detacl STAFF ATTENDING ~ MEDICAL TO FUNERAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 23e. BURIAL, CREMAT (SPECHY) Burial Lincoln Cem. Brentwood BP. Maryland 24 FUNERAL DIRECTOR Robert Pumphrey Funeral BY REGISTRAR 256, REGISTRAR'S SIGNATURE Homes, P.A. Bethesda, Maryland 20814 (VRA 15, 4)

DHMH - 16 60M 7/B4

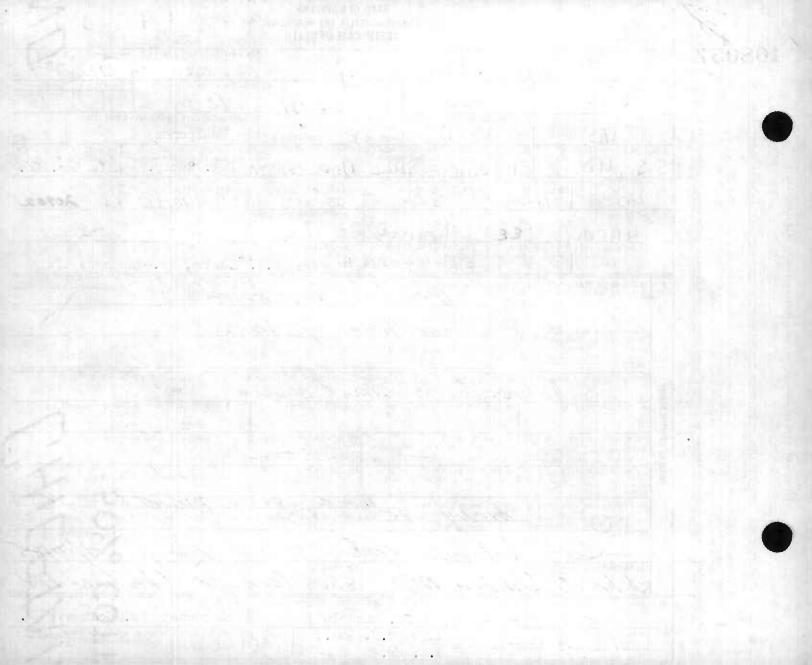


S.S. Md.

Hines / Rinaldi Funeral Home

(VRA 15, 4)

STATE OF MARYLAND



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1231.46 1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
KEG, NO.	
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN 12 MONTH	DAY YEAR 26 HOUR
OF ESTI-	19 19 85
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 12c. DATE MONTH	DAY YEAR 24 HOUR
AND A A OF A	19 1985 5:30
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	
WIDOWED DIVORCED Montgomery Co	unty ME
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12d. USUAL OCCUPATION (TYPE OF WORK IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
Solution Still Holy Cross Hospital	
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) S > 0 < 3 0 0 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. SIRREFLADDRESS	
Nontgomery Silver Spring No 135 No 136 No 136 No No No No No No No N	20906
IN FATHER'S NAME FIRST MIDDLE LAST TIS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
Kenneth G. Harper Cressie	Dolly
First Middle Kenneth G. Harper Cressie 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21) -66-5786 Cressie Melia Purilington	
NO Social Security No. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Social Security No. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab wound of neck DIJE TO OR AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which	
Conditions, if any, which gove rise to immediate cause (a) stating the under-	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
7 D = W 20 C	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 216. HOURSTAND AND THE DAY YEAR PRODUCT OF THE PRACTICAL	20 AUTOPSY?
AN THE STATE OF TH	YES X NO
216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOURS MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART.)	
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOURS MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 4:25 M. 4 19 19 85 Subject stabbed 714. INJURY OCCURRED 714. INJURY OCCURRED 714. INJURY OCCURRED 716. PLACE OF INJURY (ATHOME. 711. LOCATION	
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THE PLACE OF HAJDRY (ATHOME. STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET FACTORY, FARM, ETC.)	Spring, Mont.
22a. I certify that I look described above, held on Autopsy X, Inspection . Inquiry . and in my apin	
22a. I certify that I took the remains described above, held on Autopsy X, Inspection . Inquiry ., and in my apin death resulted from the remains described above, held on Autopsy X, Inspection . Inquiry ., and in my apin death resulted from the remains described above, held on Autopsy X, Inspection Inquiry , and in my apin death resulted from the remains described above, held on Autopsy X, Inspection Undetermined monner	an
death resulted from	
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNED	4/20/85
SIGNED SIGNED	4/20/05
EXAMINER'S NAM (TYPE OR PRINT) Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD	
	CTATE
Burial Apr 23 1985 Dolly Cemetery Burlington Mine	eral WV
25M DHMH 17 PARE DIRECTOR ADDRESS 85 S Main St. 250. DAY SEC'D BY REGISTRAR HEBUTA ST.	NATURE
(VR A15 ME (5)) A. Craig Rotruck Keyser, WV 26726	Mr. Madrense

Tambo Senta Se

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.v. Urei Hotruck Heyser, w/ 25/25

Burisl war 2: 19:5 bolly Cemelery Furlington Wineral Law

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1	3446	1. DE	REGISTRAR CEASED NAME E OR PRINT)	FIRST	MED	MIDDLE		CERTIFICATE (20. DA	REG. N	_	DAY YEAR	25 HOUR
	DIRECTOR DIRECTOR DUR FILES TO HOUR	3. SE)		Charle hite	5. DATE OF BIRTH Sept. 22	M. 6 AGE (IF	YEARS IF U	artley NDER 1 YR. IF UNDE	R 24 HRS. 2c D.	TH MATED [MONTH A	14 19 85 DAY YEAR	2d HOUR 10:32 D M
	FOR A STATE OF THE	FO	RTHPLACE (STATE OR REIGH COUNTRY) Marylar	nd	76. CITIZEN OF WH.			IED NEVER MARI	RIED .	ntgomer CUPATION (TY		OF DEATH	
D	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		ty or town of de Silver Spi	cinq	Holy C	LITY, GIVE STREET ADDRES	oital	HER INSTITUTION	12a USUAL OC FOR MOST OF Plum	WORKING LIFE)		or indust	TRY
7,21201	AND 3	Ma	AL RESIDENCE (# 1 N TATE ryland	Monte	gomery	Bethes	la	13d. INSIDE CITY LIMITS?		oress Larendo	n Rd.	208	14
MORE, ME	PAGES 1.	Iba. V	THER'S NAME "Willian VAS DECEASED EVEL ES, NO, OR UNKNOWN]		AED FORCES?	Hartley		IS MOTHER'S MAID FIRST Freida IN INFORMANT		ADDRE &	Neiden	meyer ilitary	Rd.
T. BALTI	URS AFTE 8. GIVE P WITH FO IT. PAGES DIVISION		N/A	TH (Enter only	/A y ane cause per line f			Robert Ha		other-			0015
ORDS, 261 W. PRESTON	D BE EXECUTED WITHIN 24 M RENDING: "IN PENCI, IN ITEM MEDICAL, EXAMINER ALDIN AS A BURRA: "TRANSIT PEN SALTH AND MENTAL HYGIEN CREMATION, OR REMOVAL.	NO	Conditions, if gave rise to cause (a) statin lying cause last	any, which immediate g the under-	E CAUSE (o) DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENC	CE OF	nd alcohol		ation			
/ITAL REC	CATE SHOULD BE EN HE WORD "PENDIN IT THE CHIEF MEDICULD BE USED AS A PARENT OF HEALTH IT THE STO BURIAL, CREW	CERTIFICATION	190 DATE OF OPER	ATION	19b. CONDITI	ON FOR WHICH OF	PERATION V	AS PERFORMED?				ABDOME	N ONLY
DIVISION OF VITAL RECORDS, 201	ERTIFICATE SETTING THE WORLD THE OF SET OF THE OF SET OF THE OF SET OF S	MEDICAL CER	210 EXTERNAL CAL UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COULT	OR CAUSE OF D	P.M.	MONTH DAY YE	85 in	ow injury occurr ngested dri ocation street	ugs & alc	cohol	COUNT		STATE
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201	2	WHILE AT WORK AT V 22a I certify that death resulted fra ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	1 took charge	pa e of the remains descr	rking lot ribed abave, held an Accident .	Suicide A	osy X. Inspection Insp	Undetermined	SILVE S	pring, nd in my apini DATE SIGNED.	Md.	
07/84 25M	BP//12	(5	URIAL, CREMATION, Cremation	REMOVAL 23	4-16-1985	Lee's	s Crem	or CREMATORY atory	23d. LOCATIO CITY OR TOWN Washi	ngton,	DC COUNTY	7.4.4.0	TATE
23/81	DHMH - 17 (VR A15 ME (5))		uneral director ies/Rinald	i Fune	ral Homess	11800 N.I S.S. M		25a. DATE	#1°8°19	356 REG	USUNARU SIG	NATURE	17

Pilington, VA The state of the s . ohi , bast | Termie | Best | 5150 1 vs. 16/ 0.2n, 02 20016

FRANCI'S J. COLLINS

500 UNIV. BLVD. . W. . SILVER SPRING, MD. 20901

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HEDENKAMP

REG NO

25. HOUR

APPROXIMATE INTERVAL

5 us

NO [

STATE

VIRGINIA

COUNTY

na Landson Handell

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED 4.3.85

IF UNDER 24 HR

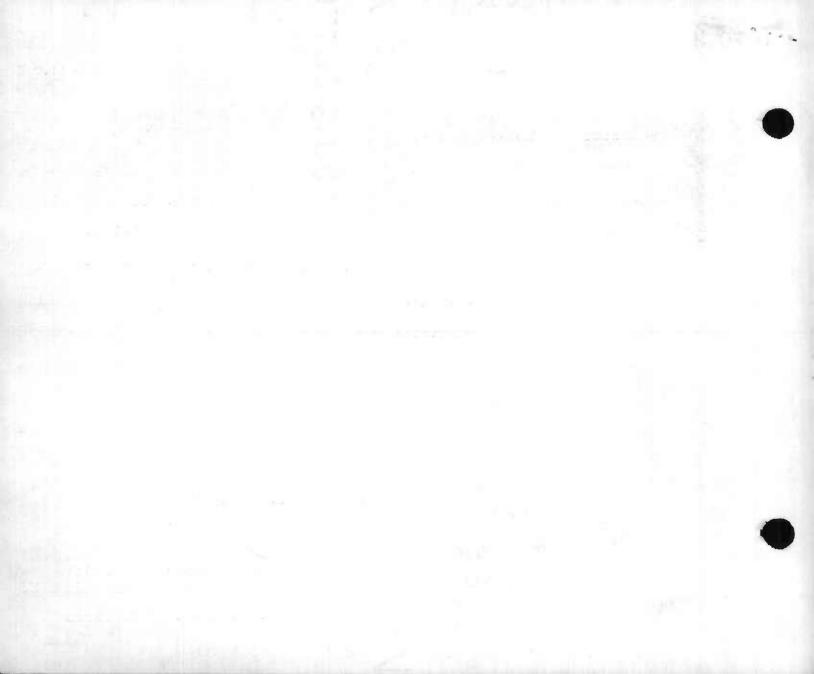
85

2a. DATE OF DEATH

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na. 2 8 3 .50			dalayer	
			110	
			L Distri	
		ON NO. OF H		
TALLS				
	The same of the sa			

1 - S	OR TATE EGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTA LICATE OF DEATH		ENE REG. N	0.	1 5	
1. DECE	ASED NAME	FIRST		WIDDLE		AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
		Susie	Ayr	es		ller				8, 1985	
3. SEX	Female		4. RACE Wh	ite	July		R	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	R IF UNDER 24 HRS HOURS MIN.
COU	HPLACE (STATEO NTRY) INESSEE			what country? States	MARRIE	D NEVER MARRIED DIVORCED	ורים	Montgomer Montgomer			MD
Bet	or town of di :hesda		5 6.0 4	McLean	Driv	OR OTHER INSTITUTION	N	120 USUAL OCCUPAT LIPPE OF WORK FOR MOST OF Homemake	F WORKING	LIFE) INDUSTRY	OF BUSINESS OR Home
Mary	zland	136 COUN	other institution TY gomery	Betheso	N	136 INSIDECITY LIMI YES X NO		5604 McLe			20814
	er's NAME FIRST lanes	,	AIDDLE	Ayres		15. MOTHER'S MAIDE Hattie		WIDDLE		McGavö	ock
(YES	S DECEASED EVE NO OR UNKNOWN) O		MED FORCES? WAR OR DATES)	217-36-8		John R. H	lelle	er, husband		me as p	atient
10	PART I. DEATH	WAS CAUSE	E CAUSE (a)	Congestive R AS A CONSEQUE	ve he	art failure	2			BETWEEN	XIMATE INTERVAL NONSET AND DEATH
P.		nmediate ing the se last GNIFICANT C	DUE TO, OI	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE					
TIFIC	DATE OF OPER.		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE YES X]	
	O. ACCIDENT WAS UP R CONTRIBUTING [CAUSE OF DEA	THE STATE OF THE S	M. MONTH D	AY YEAR	21¢ HOW INJURY O	CCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART (OR PART ?)	
N N	MILE NOT W	VHILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY ON TO		COUNTY	STATE
22	saw the deced	sed alive an.	April 8	e deceased from_198		13, 19 and that in (Xy) (aur) ap		ta April &			, thatXII (we) last e causes stated
	Jans	L.X	ngo /	W			ING IAN [D	MEDICAL STA	FF IAN		E SIGNED 11 9,198
22	DAN	L. L	LONG	O				nal Institu ter, Bether			
{SPE	Buri	a1	123b. DATE A	985 M	t. Ho	pe Cemet	ery	Franklin			
				umphrey , Maryl:			PR	REC'D. BY REGISTRAR	25h REGUS	STRAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.				
20. DATE OF DEATH	MONTH 4-	Z7-	SS YEAR	26. HOL	55
6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDE	RIYEAR	# UNDER	_
		MON1H5	DAYS	HOURS	AN In

			NEO. ITO.		
DECEASED NAME TYPE OR PRINT)	MIDDLE	HENDRIX	20. DATE OF DEATH MONTH	27-85 2b. HOUR	24
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 2	4 HR
MALE	CAUCASIAN	FEB 7.1920	65 YRS.	MONTHS DAYS HOURS	MIN
BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
ILLINOIS	U.S.A.	WIDOWED DIVORCED	Montgom	ery Cty	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		128 USUAL OCCUPATION	THE KIND OF BUSINES	5.0
bethesda	INOTHIN SUCH FACILITY, GIVE STREET A	Un HOSPITA	SALESMAN	W G I	
30. STATE 135 COU			13e.STREET ADDRESS / ZIP COI	DE .	
MARYLAND PRI.	GEORGES GREENBE	YES XX NO []	12 GREENWA	V PLACE 20770	0
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME	tAST	
ARTHUR	C. HENDRIX	VILLA	D.	DOTY	
	RMED FORCES? 166. SOCIAL SECUR	RITY NO. 17 INFORMANT DAUG	GHTER 161 WA	V ROAD	

YES, NO OR UNKNOWN)	WW II	328-07-8523	ANN MARIE KENNEDY	W. WAY ROAU GREENBELT MD. 20110
PART I. DEATH V	TH (Enter only one couse pe VAS CAUSED BY: IMMEDIATE CAUSE (o)	Parai	tong FAILIRE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 DAYS
Conditions, if any	r, which ((b)_	R AS A CONSEQUENCE OF	MAJOSIS OLUNGS	1 week
gove rise to im- couse (a), statu underlying couse	mediate ng the e lost.	RAS A CONSEQUENCE OF		1 week

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES X NO |

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

21e PLACE OF INJURY 71d INJURY OCCURRED 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

ATRIL 22a. | certify that (I) (this hospital) attended the deceased from APRIL 27 and that in (my) (correspondent accurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 220 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

250. DATE REC

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

GATE OF HEAVEN

23d. LOCATION CITY OR TOWN COUNTY

STATE

STATE

BURTAL FRANCIS J. COLLINS DRESS

500 UNIV BLVD. W. SILVER SPRING MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT:

the the

